

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

Annual Plan for Fiscal Year 2008

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of Grant County **PHA Number:** WA014

**PHA Fiscal Year Beginning:** 01/2008

**PHA Programs Administered:**

☒ **Public Housing and Section 8**    ☐ **Section 8 Only**    ☐ **Public Housing Only**  
Number of public housing units: 217    Number of S8 units:    Number of public housing units:  
Number of S8 units: 237

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒

Main business office of the PHA

☐

PHA development management offices

☐

Other (list below)

**5 YEAR PLAN**  
**PHA FISCAL YEARS 2006 - 2010**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: The Housing Authority of Grant County has a mission to provide, maintain, and develop quality housing and neighborhoods for people facing barriers in Grant County.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- ☒ PHA Goal: Expand the supply of assisted housing  
Objectives:
- ☒ Apply for additional rental vouchers:
  - ☒ Reduce public housing vacancies:
  - ☒ Leverage private or other public funds to create additional housing opportunities:
  - ☒ Acquire or build units or developments
  - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing  
Objectives:
- ☒ Improve public housing management: (PHAS score)
  - ☒ Improve voucher management: (SEMAP score)
  - ☒ Increase customer satisfaction:
  - ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - ☒ Renovate or modernize public housing units:
  - ☐ Demolish or dispose of obsolete public housing:

- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☒ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☒ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

☒ PHA Goal: Provide an improved living environment

Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☒ Increase the number and percentage of employed persons in assisted families:
- ☒ Provide or attract supportive services to improve assistance recipients' employability:
- ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2008**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

☐ **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Housing Authority of Grant County has developed this annual plan believing that it is important to have of a regular strategic planning process. HAGC being a small Housing Authority has had limited staffing and resources to oversee the myriad of regulatory requirements required in federal housing programs. HAGC will utilize this Comprehensive Agency Plan as a tool to coordinate programs and resources within the community to benefit as many low-income households as possible.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

**Table of Contents**

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### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- ☒ Admissions Policy for Deconcentration (wa014f01)
- ☒ FY 2008 Capital Fund Program Annual Statement (wa014a01)
- ☒ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (wa014g01)
- ☒ List of Resident Advisory Board Members (wa014h01)
- ☒ List of Resident Board Member (wa014h01)
- ☒ Community Service Description of Implementation (wa014i01)
- ☒ Information on Pet Policy (wa014j01)
- ☐ Section 8 Homeownership Capacity Statement, if applicable
- ☐ Description of Homeownership Programs, if applicable

#### Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☐ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)
  - FY 2004 Capital Fund Program (wa014b01)
  - FY 2005 Capital Fund Program (wa014c01)
  - FY 2006 Capital Fund Program (wa014d01)
  - FY 2007 Capital Fund Program (wa014e01)

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	1454	5	5	2	3	5	1
Income >30% but <=50% of AMI	1163	5	5	2	3	5	1
Income >50% but <80% of AMI	1656	3	5	2	3	5	1
Elderly	1243	5	5	2	3	5	1
Families with Disabilities							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☐ Consolidated Plan of the Jurisdiction/s  
Indicate year:
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy  
("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction: Ephrata			
	# of families	% of total families	Annual Turnover
Waiting list total	98		9
Extremely low income <=30% AMI	78	80%	
Very low income (>30% but <=50% AMI)	14	15%	
Low income (>50% but <80% AMI)	6	5%	
Families with children	59	61%	
Elderly families	19	19%	
Families with Disabilities	See above		
Race/ethnicity- Am.Indian	0		
Race/Black	3	3%	
Race/White	68	71%	
Race/Latino	25	26%	
Characteristics by Bedroom Size (Public Housing			

Housing Needs of Families on the Waiting List			
Only)			
1BR	29		
2 BR	37		
3 BR	29		
4 BR	13		
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Grand Coulee			
	# of families	% of total families	Annual Turnover
Waiting list total	11		16
Extremely low income <=30% AMI	10	91%	
Very low income (>30% but <=50% AMI)	0		
Low income (>50% but <80% AMI)	1	9%	
Families with children	2	18%	
Elderly families	6	54%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	10	91%	

Housing Needs of Families on the Waiting List			
Race/ethnicity-White	0		
Race/ethnicity-Latino	1	9%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	73%	
2 BR	2	18%	
3 BR	1	9%	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Moses Lake			
	# of families	% of total families	Annual Turnover
Waiting list total	443		16
Extremely low income <=30% AMI	363	84%	
Very low income (>30% but <=50% AMI)	52	12%	
Low income (>50% but <80% AMI)	16	4%	

Housing Needs of Families on the Waiting List			
Families with children	206	48%	
Elderly families	127	29%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	13	3%	
Race/ethnicity-Asian Pacific Islander	1	0%	
Race/ethnicity-White	309	72%	
Race/ethnicity-Latino	107	25%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	188	42%	
2 BR	165	37%	
3 BR	70	16%	
4 BR	20	5%	
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Housing Needs of Families on the Waiting List



Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction: Quincy			
	# of families	% of total families	Annual Turnover
Waiting list total	68		12
Extremely low income <=30% AMI	57	84%	
Very low income (>30% but <=50% AMI)	9	13%	
Low income (>50% but <80% AMI)	2	3%	
Families with children	48	71%	
Elderly families	20	29%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	1	1%	
Race/ethnicity-White	20	69%	
Race/ethnicity-Latino	47	25%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	20	29%	
2 BR	22	32%	
3 BR	21	31%	
4 BR	5	8%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

## Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- ☐ Section 8 tenant-based assistance  
☒ Public Housing  
☐ Combined Section 8 and Public Housing  
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction: Royal City

	# of families	% of total families	Annual Turnover
Waiting list total	24		7
Extremely low income <=30% AMI	19	79%	
Very low income (>30% but <=50% AMI)	3	13%	
Low income (>50% but <80% AMI)	2	8%	
Families with children	18	75%	
Elderly families	3	12%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	0		
Race/ethnicity-White	4	17%	
Race/ethnicity-Latino	20	83%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	17%	
2 BR	13	54%	
3 BR	5	21%	
4 BR	2	8%	
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☐ Section 8 tenant-based assistance

☒ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction: Soap Lake

	# of families	% of total families	Annual Turnover
Waiting list total	26		8
Extremely low income <=30% AMI	26	84%	
Very low income (>30% but <=50% AMI)	5	16%	

Low income (>50% but <80% AMI)	0		
Families with children	12	39%	
Elderly families	8	26%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity- Black	2	6%	
Race/ethnicity- White	26	84%	
Race/ethnicity- Latino	3	10%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	18	70%	
2 BR	4	15%	
3 BR	4	15%	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction: Warden			
	# of families	% of total families	Annual Turnover
Waiting list total	34		17

Extremely low income <=30% AMI	29	85%	
Very low income (>30% but <=50% AMI)	3	9%	
Low income (>50% but <80% AMI)	2	6%	
Families with children	18	53%	
Elderly families	9	27%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	1	3%	
Race/ethnicity-White	20	59%	
Race/ethnicity-Latino	13	38%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	16	47%	
2 BR	9	27%	
3 BR	8	24%	
4 BR	1	2%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Housing Needs of Families on the Waiting List			

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	624		20%
Extremely low income <=30% AMI	499	80%	
Very low income (>30% but <=50% AMI)	103	17%	
Low income (>50% but <80% AMI)	20	3%	
Families with children	356	57%	
Elderly and/or disabled families	196	31%	
Families with Disabilities	See above		
Race/ethnicity-Am Indian	0		
Race/ethnicity-Black	1	3%	
Race/ethnicity-White	20	59%	
Race/ethnicity-Latino	13	38%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing

- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply



- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance

- ☒ Results of consultation with local or state government  
☒ Results of consultation with residents and the Resident Advisory Board  
☒ Results of consultation with advocacy groups  
☐ Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2007 grants)</b>		
a) Public Housing Operating Fund	\$365,155	
b) Public Housing Capital Fund	353,411	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$109,307 Admin. \$950,892 HAP	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>Project Based S8 Contract</b>	\$131,664	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below) 12/31/06</b>		
Capital Fund 2006	\$37,348.09	
Capital Fund 2005	\$3,399.78	
<b>3. Public Housing Dwelling Rental Income</b>	570,500	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
<b>4. Other income</b> (list below)		
Capital Fund 2007	\$353,411	
<b>4. Non-federal sources</b> (list below)		
<b>Total resources</b>		

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☒ When families are within a certain time of being offered a unit: (3-6 months)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other (credit report)

c. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☒ Site-based waiting lists
- ☐ Other (describe)

- b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☒ PHA development site management office
- ☐ Other (list below)

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 7

2. ☐ Yes ☒ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3. ☒ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists? 7

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☒ PHA main administrative office
- ☒ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

## **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One  
☐ Two  
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

#### **(4) Admissions Preferences**

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies  
☒ Overhoused  
☒ Underhoused  
☒ Medical justification  
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)  
☒ Resident choice: (state circumstances below)  
☒ Other: (list below)  
To be closer to employment, childcare and/or economic self sufficiency activities. To achieve deconcentration.

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing

- ☐ Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒-1 Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒-1 Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing  
Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒-1 Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒-1 Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

- a. ☒ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

- b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site-based waiting lists
- If selected, list targeted developments below:

- ☐ Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)
- d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)



- ☒ Criminal or drug-related activity only to the extent required by law or regulation
  - ☐ Criminal and drug-related activity, more extensively than required by law or regulation
  - ☐ More general screening than criminal and drug-related activity (list factors below)
  - ☐ Other (list below)
- b. ☐ Yes ☒ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☒ Criminal or drug-related activity
  - ☒ Other – List of previous landlords if requested.

## **(2) Waiting List Organization**

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None
  - ☐ Federal public housing
  - ☐ Federal moderate rehabilitation
  - ☐ Federal project-based certificate program
  - ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☒ PHA main administrative office
  - ☐ Other (list below)

## **(3) Search Time**

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Reasonable accommodation and/or when the participant needs additional time to locate a unit.

#### **(4) Admissions Preferences**

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ -1 Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ -1 Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
Victims of domestic violence  
Substandard housing  
Homelessness  
High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability  
☐ Veterans and veterans’ families  
☒-1 Residents who live and/or work in your jurisdiction  
☐ Those enrolled currently in educational, training, or upward mobility programs  
☒-1 Households that contribute to meeting income goals (broad range of incomes)  
☐ Households that contribute to meeting income requirements (targeting)  
☐ Those previously enrolled in educational, training, or upward mobility programs  
☐ Victims of reprisals or hate crimes  
☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application  
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD  
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers

- ☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan  
☒ Briefing sessions and written materials  
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices  
☒ Other – flyers to service agencies.

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☐ \$1-\$25  
☒ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses  
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families  
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)  
(select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)

- g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- ☒ The section 8 rent reasonableness study of comparable housing
  - ☐ Survey of rents listed in local newspaper
  - ☐ Survey of similar unassisted units in the neighborhood
  - ☐ Other (list/describe below)

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)  
Note: Payment standards are set between 100% - 110% depending on bedroom size.

- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☒ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☒ Reflects market or submarket
- ☐ Other (list below)

- c. If the payment standard is higher than FMR, why has the PHA chosen this level?  
(select all that apply)
- ☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☒ Reflects market or submarket
- ☒ To increase housing options for families
- ☐ Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- ☒ Annually
- ☐ Other (list below)
- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

- a. What amount best reflects the PHA's minimum rent? (select one)
- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50
- b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.



- ☒ A brief description of the management structure and organization of the PHA follows: The agency is operated by a Board of Commissioners appointed by the County Commissioners, who appoint the general operating duties to an Executive Director.

### **B. HUD Programs Under PHA Management**

— List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	217	60
Section 8 Vouchers	237	30
Section 8 Certificates	N/A	
Section 8 Mod Rehab	47	15
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		
Farmworker Larson	40	9
Farmworker Mattawa	20	5

### **C. Management and Maintenance Policies**

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)  
Admissions and Continued Occupancy Policy  
Maintenance Plan
- (2) Section 8 Management: (list below)  
Administrative Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

## **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment wa014a01

-or-

☒ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development  
☐ Revitalization Plan submitted, pending approval  
☐ Revitalization Plan approved  
☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

## 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

## **9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is

eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

**2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless

eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

**2. Activity Description**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: ) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name:
1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)



<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (I)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### **1. Cooperative agreements:**

- ☐ Yes ☒ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

#### **2. Other coordination efforts between the PHA and TANF agency (select all that apply)**

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

##### **a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
- ☐ Public housing admissions policies
- ☐ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self Sufficiency	8	Voluntary	PHA Main Office	Section 8
Down Payment Assistance	5	1 <sup>st</sup> come 1 <sup>st</sup> serve	PHA Main Office	80% of median

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 07/25/2007)
Public Housing	N/A	
Section 8	11	8

b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

### **C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

<b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b>
--

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)

- ☐ Police regularly testify in and otherwise support eviction cases
  - ☐ Police regularly meet with the PHA management and residents
  - ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
  - ☐ Other activities (list below)
2. Which developments are most affected? (list below)

#### **D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2008 in this PHA Plan?
- ☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

- 1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
- 2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
- 3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
- 4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_
- 5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)  
☐ Not applicable  
☐ Private management  
☐ Development-based accounting  
☐ Comprehensive stock assessment  
☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
☐ Attached at Attachment (File name)  
☒ Provided below:

Scott Ruffin – After reading through the proposed PHA plan for 2008, the plan is good by reading, faster turnover times are good. The PHA plan seems to be in working order for 2008.

Henery Gonzalez – This report seems well put together and covers everything.

Ron Carlin – Your efforts in de-segregating lower income people/families, and working toward integrating these low income folks into middle class/upper class neighborhoods combats the possibility for the “Ghetto Neighborhood Stigma.”

Antoinette Freeman – To aid Housing Choice Voucher participants in finding a home, it would be good to have a landlord list that provides information on location, unit size, pet policy and availability. What is down payment assistance and why isn't there a Section 8 Homeownership program?

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- ☐ Other: (list below)

#### **B. Description of Election process for Residents on the PHA Board**

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### **3. Description of Resident Election Process**

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☒ Other: Letters are sent to PHA recipients asking for volunteers willing to serve on the Board of Commissioners. Volunteers are then interviewed by the HAGC Board of Commissioners. Recommendations are sent to the Grant County Commissioners. Grant County Commissioners then appoint a PHA recipient to the HAGC Board.

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☒ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)



- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☒ Other: No vote is conducted, the County Commissioners appoint a resident to the HAGC Board.

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: Washington State
  - ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
  - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - ☐ Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

#### **Substantial Deviation and Significant Amendment as defined by the HAGC**

The Housing Authority hereby defines substantial deviation and significant amendment or modification as any change in policy which significantly and substantially alters the Authority's stated mission and the persons the Authority services. This would include admissions preference, demolition or disposition activities and conversion programs. Discretionary or administrative amendments consonant with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant modifications.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

**Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

## Part I: Summary

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>	Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2008</b>
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<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	11,000.00			
3	1408 Management Improvements Soft Costs	20,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	36,761.00			
5	1411 Audit	3,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	64,290.00			
10	1460 Dwelling Structures	209,000.00			
11	1465.1 Dwelling Equipment-Nonexpendable	17,400.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve SIDING GC SM				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost	6,162.00			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>367,613.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Approved by John Poling Executive Director

Date

Approved by HUD

Date



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Mgmt. Improvmts	TRAINING Computer & printers Network upgrade	1408	soft cost	20,000.00				
		"	hard cost					
		"						
			<b>Total 1408</b>	20,000.00				
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		36,761.00				
HA-Wide Audit	Audit	1411		3,000.00				
HA-Wide Fees and Costs	Architectural Services	1430						
	Energy Audit due 2010	1430						
	TOTAL FEES & COSTS							
HA-Wide	HA WIDE SITE	1450						
"	Nonroutine Asbestos abatement	1460						
"		1470						
"	OFFICE EQUIPMENT	1475						
	TOTAL NON DWELLING EQUIP							
	REPLACEMENT FUNDS	1490						
"	Relocation expense	1495.1		6,162.00				
"	Contingency	1502						

## Annual Statement /Performance and Evaluation Report

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

## Part II: Supporting Pages

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:		<b>2008</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-1 SOAP LAKE 12 units</b>  <b>fungeed to 2007</b>	<b>Site:</b> water merters & shut offs	1450		24,290.00				
			Total Site:	24,290.00				
	<b>Mechanical and Electrical:</b> ELECTRICAL PANELS	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> FLOORING KITCHEN REHAB BATH REHAB DOORS	1460		40,000.00 72,000.00 42,000.00 15,000.00				
			Total DUs:	169,000.00				
	<b>Dwelling Equipment:</b> AC	1465.1		8,600.00				
			Total D.E.:	8,600.00				
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
		Total SWFs:						
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total,</b>	<b>SOAP LAKE</b>		Project Total:	201,890.00				

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:		<b>2008</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-2 Grand Coulee</b>  <b>11 units</b>  <b>funged to 2005</b>	<b>Site:</b> Water meter & shut offs	1450		30,000.00				
			Total Site:	30,000.00				
	<b>Mechanical and Electrical:</b> HOT WATER HEATERS	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460	11					
			Total B.E.:					
	<b>Dwelling Units:</b> FLOORING	1460		40,000.00				
			Total DUs:	40,000.00				
	<b>Dwelling Equipment:</b> AC	1465.1		8,800.00				
			Total D.E.:	8,800.00				
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
		Total SWFs:						
	<b>Nondwelling Equipment:</b> None	1475						
		Total NDE:						
<b>Total,</b>	<b>Grand Coulee</b>		Project Total:	78,800.00				

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-3 Ephrata</b>  <b>12 units</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>OFFICE</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total, Ephrata</b>			<b>Project Total:</b>					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant:  <b>2008</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<div>14-4 Quincy 5 units</div> <div>funged to CFP 2004</div> <div>Total, Quincy</div>	<b>Site:</b> None	1450	Total Site:   					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-5 Quincy 1 unit</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
<b>Site-Wide Facilities:</b> None	1470	Total SWFs:						
<b>Nondwelling Equipment:</b> None	1475	Total NDE:						
<b>Total, Quincy</b>			Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			<b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-6 Soap Lake 4 units</b>	<b>Site:</b> water meters & shut offs	1450		10,000.00				
			Total Site:	10,000.00				
	<b>Mechanical and Electrical:</b> Hot Water Tanks	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> None	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> Range & Refer	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>	<b>Soap Lake</b>		Project Total:	10,000.00				

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-7 Moses Lake 30 units</b>	<b>Site:</b> TREE MAINTENANCE & REPLACEMENT IRRIGATION	1450	Total Site:					
	<b>Mechanical and Electrical:</b> REPLACE SWITCHES & OUTLETS	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> KITCHEN & BATH REHAB	1460	40 UNITS					
	<b>Dwelling Equipment:</b> A/C REFRIG & RANGE	1465.1	Total DUs:					
	<b>Interior Common Areas:</b> None	1470	Total D.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total ICAs:					
	<b>Nondwelling Equipment:</b> None	1475	Total SWFs:					
			Total NDE:					
	<b>Total, Moses Lake</b>		Project Total:					



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-8</b> <b>Warden</b> <b>11 units</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Warden</b>		<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-9 Quincy 12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-10</b> <b>Royal City</b> <b>12 UNITS</b>             <b>2005</b> <b>2005</b> <b>2005</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> Flooring Doors Kitchen Rehab	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> Air Conditioners & Range & Refers	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total, Royal City</b>			<b>Project Total:</b>					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-11</b> <b>Warden</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Warden</b>		<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-12</b> <b>Grand Coulee</b>  <b>Senior Manor</b> 40 units	<b>Site:</b> RAMP DRAINAGE	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b> None	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> RANGE REFER AC	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
			Project Total:					
Total, <b>Grand Coulee</b>								

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				<b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>14-13</b> <b>Moses Lake</b> <b>14 units</b>	<b>Site:</b> None	1450	Total Site:						
	<b>Mechanical and Electrical:</b>	1460	Total M&E:						
	<b>Building Exterior:</b> None	1460	Total B.E.:						
	<b>Dwelling Units:</b> None	1460	Total DUs:						
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:						
	<b>Interior Common Areas:</b> None	1470	Total ICAs:						
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:						
<b>Total, Moses Lake</b>	<b>Nondwelling Equipment:</b> None	1475	Total NDE:						
			Project Total:						

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2008</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-14 Quincy 12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		<b>Project Total:</b>					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-23</b> <b>Soap Lake</b>  <b>10 units</b>	<b>Site:</b> Ramps ADA funged to CFP 2002	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b> None	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> Insulation	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
<b>Total, Soap Lake</b>			Total SWFs:					
			Total NDE:					
			Project Total:					



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-24</b> <b>Ephrata</b> <b>10 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> Insulation	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Ephrata</b>		Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-25 Quincy 10 units</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1	10 Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No.: <b>WA19P014501-08</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2008</b>
Development Number Name/HA-Wide Activities		All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TRAINING		09/30/10			09/30/12		
HA-Wide HA WIDE SITE		09/30/10			09/30/12		
" FEES & COSTS		09/30/10			09/30/12		
" AUDIT		09/30/10			09/30/12		
" Non Dwelling Equipment							
" Relocation expense							
14-1 Soap Lake		09/30/10			09/30/12		
14-2 Grand Coulee		09/30/10			09/30/12		
14-3 Ephrata							
14-4 Quincy							
14-5 Quincy							
14-6 Soap Lake							
14-7 Moses Lake							
14-8 Warden							
14-9 Quincy							
14-10 Royal City							
14-11 Warden							
14-12 Grand Coulee							
14-13 Moses Lake							
14-14 Quincy							
14-23 Soap Lake							
14-24 Ephrata							
14-25 Quincy							

Capital Fund Program Five-Year Action Plan  
 Part I: Summary

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>					<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: ____
Development Number/Name/HA- Wide	Year 1  <b>2008</b>	Work Statement for Year 2  FFY Grant: <b>2009</b> PHA FY:	Work Statement for Year 3  FFY Grant: <b>2010</b> PHA FY:	Work Statement for Year 4  FFY Grant: <b>2011</b> PHA FY:	Work Statement for Year 5  FFY Grant: <b>2012</b> PHA FY:
WA 14-001 SOAP LAKE	Annual        Statement	\$0	\$0	\$0	\$18,000
WA 14-002 GRAND COULEE		\$0	\$0	\$0	\$24,000
WA 14-003 EPHRATA		\$0	\$0	\$136,709	\$18,350
WA 14-004 QUINCY		\$0	\$7,500	\$0	\$0
WA 14-005 QUINCY		\$0	\$0	\$0	\$2,180
WA 14-006 SOAP LAKE		\$0	\$0	\$0	\$0
WA 14-007 MOSES LAKE		\$0	\$0	\$0	\$25,000
WA 14-008 WARDEN		\$0	\$115,000	\$0	\$36,500
HA-Wide Activities		\$71,761	\$67,761	\$70,761	88,833.00
ACCT 1490 FILE STORAGE BUILDING					
HA-Wide Contingency @ 8% maximum					
CFP Funds Listed for SIDING GRAND COULEE SENIOR MANOR 14-12 ACCOUNT 1490					
5-year planning		\$367,613	\$367,613	\$367,613	\$367,613
Replacement Housing					
Factor Funds		\$0	\$0	\$0	\$0

Capital Fund Program Five-Year Action Plan  
Part I: Summary (Continuation)

367,613

\$0

367,613

\$0

367,613

367,613

\$0

HA Name:						<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: ____
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>						
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	
	<b>2008</b>	FFY Grant: <b>2009</b> PHA FY:	FFY Grant: <b>2010</b> PHA FY:	FFY Grant: <b>2011</b> PHA FY:	FFY Grant: <b>2012</b> PHA FY:	
WA 14-009 QUINCY	See     Annual   Statement	\$0	\$0	\$0	\$26,350	
WA 14-010 ROYAL CITY		\$0	\$0	\$0	\$26,350	
WA 14-011 WARDEN		\$0	\$0	\$28,782	\$8,350	
WA 14-012 GRAND COULEE		\$295,852	\$27,620	\$10,561	\$27,700	
WA 14-013 MOSES LAKE		\$0	\$127,000	\$0	\$12,000	
WA 14-014 QUINCY		\$0	\$22,732	\$120,800	\$9,000	
WA 14-023 SOAP LAKE		\$0	\$0	\$0	\$15,000	
WA 14-024 EPHRATA		\$0	\$0	\$0	\$15,000	
WA 14-025 QUINCY		\$0	\$0	\$0	\$15,000	

\$295,852

\$177,352

\$160,143

\$154,750

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	HA-Wide Physical or Management Improvements	Administration	36,761.00	HA-Wide Physical or Management Improvements	Administration	36,761.00
		Total Site:	36,761.00		Total Site:	36,761.00
		Audit	14,000.00		Audit	5,000.00
		Audit & Operations	14,000.00		Audit & Operations	5,000.00
		Total M&E:	14,000.00		Total M&E:	5,000.00
		Fees & Costs	1,000.00		Fees & Costs	6,000.00
		Architectural Services	1,000.00		Architectural Services	6,000.00
		Energy Audit	1,000.00		Energy Audit	6,000.00
		Total B.E.:	1,000.00		Total B.E.:	6,000.00
		Management Improvements	20,000.00		Management Improvements	20,000.00
		Training	20,000.00		TRAINING	20,000.00
		Total DUs:	20,000.00		Total DUs:	20,000.00
		HA WIDE Dwelling Equipment	-		HA WIDE Dwelling Equipment	-
		Total D.E.:	-		Total D.E.:	-
		HA-WIDE Site:	-		HA-WIDE Site:	-
		Total ICAs:	-		Total ICAs:	-
		HA-WIDE Site-Wide Facilities:	-		HA-WIDE Site-Wide Facilities:	-
		Total SWFs:	-		Total SWFs:	-
		HA-WIDE Nondwelling Equipment:	-		HA-WIDE Nondwelling Equipment:	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		71,761.00	Subtotal of Estimated Cost		67,761.00

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1  <b>2008</b>	Activities for Year 4 FFY Grant: <b>2011</b> PHA FY:			Activities for Year 5 FFY Grant: <b>2012</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	HA-Wide Physical or Management Improvements	<b>Administration</b>	36,761.00	HA-Wide Physical or Management Improvements	<b>Administration</b>	36,761.00
		Total Site:	36,761.00		Total Site:	36,761.00
		<b>Audit</b>	14,000.00		<b>Audit</b>	14,000.00
		Audit & Operations	14,000.00		Audit & Operations	14,000.00
		Total M&E:	14,000.00		Total M&E:	14,000.00
		<b>Fees &amp; Costs</b>			<b>Fees &amp; Costs</b>	
		Architectural / Engineering Services				
		Energy Audit				
		Total B.E.:	-		Total B.E.:	-
		<b>Management Improvements</b>	20,000.00		<b>Management Improvements</b>	20,000.00
		training	20,000.00		TRAINING	20,000.00
		Total DUs:	20,000.00		Total DUs:	20,000.00
		<b>HA WIDE Dwelling Equipment</b>			<b>HA WIDE Dwelling Equipment</b>	
		Total D.E.:	-		Total D.E.:	-
		<b>HA-WIDE site</b>			<b>HA-WIDE Site</b>	
		Total ICAs:	-		Total ICAs:	-
		<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>	
		FILE STORAGE BUILDING			File Storage Bldg or Records Archivied	18,072.00
		Total SWFs:	-		Total SWFs:	18,072.00
		<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>	
		None			None	-
		Total NDE:	-		Total NDE:	-
	<b>Subtotal of Estimated Cost</b>		70,761.00	<b>Subtotal of Estimated Cost</b>		88,833.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-001 SOAP LAKE 12 units	Site:	-	WA 14-001 SOAP LAKE 12 units	Site:	-
			- - - - -		None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		ELECTRICAL PANELS - DONE 2007				
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		FLOORING, KITCHEN & BATH REHAB DOORS - DONE 2007			None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		AC			None	-
		Total D.E.:	-		Total D.E.:	-
		HA Wide Site			HA Wide Site	
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-001 SOAP LAKE 12 units	Site: None	-	WA 14-001 SOAP LAKE 12 units	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment: Appliances	18,000.00
		Total D.E.:	-		Total D.E.:	18,000.00
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		18,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-002 GRAND COULEE	Site: None	-	WA 14-002 GRAND COULEE	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: Hot water heaters			Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: flooring			Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: A/C			Dwelling Equipment: None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-
flooring - DONE 2008 cabinets done cfp 2000 counter tops bath rehabs				SITE WIDE		

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-002 GRAND COULEE	Site: None	-	WA 14-002 GRAND COULEE	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: BASE BOARD HEAT	7,500.00
		Total M&E:	-		Total M&E:	7,500.00
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment: RANGE REFER AC	16,500.00
		Total D.E.:	-		Total D.E.:	16,500.00
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		24,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-003 EPHRATA	Site:		WA 14-003 EPHRATA	Site:	
					None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
					None	-
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
					None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
					None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
					None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-



# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1  <b>2008</b>	Activities for Year 4 FFY Grant: <b>2011</b> PHA FY:			Activities for Year 5 FFY Grant: <b>2012</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	<b>WA 14-003 EPHRATA</b>	<b>Site:</b> None	-	<b>WA 14-003 EPHRATA</b>	<b>Site:</b> None	-
		Total Site:	-		Total Site:	-
		<b>Mechanical and Electrical:</b> None	-		<b>Mechanical and Electrical:</b> BASE BOARD HEAT	8,350.00
		Total M&E:	-		Total M&E:	8,350.00
		<b>Building Exterior:</b> None	-		<b>Building Exterior:</b> None	-
		Total B.E.:	-		Total B.E.:	-
		<b>Dwelling Units:</b> None	128,709.00		<b>Dwelling Units:</b> None	-
		Total DUs:	128,709.00		Total DUs:	-
		<b>Dwelling Equipment:</b> AC	8,000.00		<b>Dwelling Equipment:</b> RANGE REFER	10,000.00
		Total D.E.:	8,000.00		Total D.E.:	10,000.00
		<b>Interior Common Areas:</b> None	-		<b>Interior Common Areas:</b> None	-
		Total ICAs:	-		Total ICAs:	-
		<b>Site-Wide Facilities:</b> None	-		<b>Site-Wide Facilities:</b> None	-
		Total SWFs:	-		Total SWFs:	-
		<b>Nondwelling Equipment:</b> None	-		<b>Nondwelling Equipment:</b> None	-
		Total NDE:	-		Total NDE:	-
	<b>Subtotal of Estimated Cost</b>		136,709.00	<b>Subtotal of Estimated Cost</b>		18,350.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-004 QUINCY	Site:	-	WA 14-004 QUINCY	Site:	-
					Water Meter & shut offs	7,500.00
		Total Site:	-		Total Site:	7,500.00
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-			
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		None	-		None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-			
		Total D.E.:	-		Total D.E.:	-
	Subtotal of Estimated Cost	Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
	Total SWFs:		-		Total SWFs:	-
	Nondwelling Equipment:				Nondwelling Equipment:	
		None	-		None	-
	Total NDE:		-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		7,500.00

## Part II: Supporting Pages---Work Activities



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-005 QUINCY  SITE WIDE	Site: None	-	WA 14-005 QUINCY	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment: None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-005 QUINCY	Site: None	-	WA 14-005 QUINCY	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: BASE BOARD HEAT	680.00
		Total M&E:	-		Total M&E:	680.00
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment: RANGE REFER AC	1,500.00
		Total D.E.:	-		Total D.E.:	1,500.00
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		2,180.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-006 SOAP LAKE			WA 14-006 SOAP LAKE		
	SITE WIDE	Site: None	-		Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-006 SOAP LAKE  SITE WIDE	Site: None	-	WA 14-006 SOAP LAKE	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
					None	-
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		None	-		None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
					None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-007 MOSES LAKE	Site:		WA 14-007 MOSES LAKE	Site:	
	SITE WIDE				None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		Windows				
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Doors & hardware				
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
					None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		Side Sheds				
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-007 MOSES LAKE	Site:		WA 14-007 MOSES LAKE	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical: BASE BOARD HEAT	25,000.00
		Total M&E:	-		Total M&E:	25,000.00
		Building Exterior: None	-		Building Exterior:	
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities:	
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		25,000.00

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: <b>2009</b> PHA FY:			Activities for Year 3 FFY Grant: <b>2010</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>2008</b>						
See  Annual  Statement	<b>WA 14-008 WARDEN</b>			<b>WA 14-008 WARDEN</b>		
	SITE WIDE	<b>Site:</b> None	-		<b>Site:</b> None	-
		Total Site:	-		Total Site:	-
		<b>Mechanical and Electrical:</b> None	-	funge	<b>Mechanical and Electrical:</b> hot water tanks	
		Total M&E:	-		Total M&E:	-
		<b>Building Exterior:</b> None	-		<b>Building Exterior:</b> None	-
		Total B.E.:	-		Total B.E.:	-
		<b>Dwelling Units:</b>			<b>Dwelling Units:</b> kitchen/bath rehab doors	105,000.00 10,000.00
		Total DUs:	-		Total DUs:	115,000.00
		<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>	
		Total D.E.:	-		Total D.E.:	-
		<b>Interior Common Areas:</b> None	-		<b>Interior Common Areas:</b> None	-
		Total ICAs:	-		Total ICAs:	-
		<b>Site-Wide Facilities:</b> None	-		<b>Site-Wide Facilities:</b> None	-
		Total SWFs:	-		Total SWFs:	-
		<b>Nondwelling Equipment:</b> None	-		<b>Nondwelling Equipment:</b> None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		115,000.00

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: <b>2011</b> PHA FY:			Activities for Year 5 FFY Grant: <b>2012</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>2008</b>						
See  Annual  Statement	<b>WA 14-008 WARDEN</b>	<b>Site:</b> None	-	<b>WA 14-008 WARDEN</b>	<b>Site:</b> Water Meters & shut offs	29,000.00
		Total Site:	-		Total Site:	29,000.00
	electrical panels done cfp 2004	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b> BASE BOARD HEAT	7,500.00
		Total M&E:	-		Total M&E:	7,500.00
	roofs done cfp 2004	<b>Building Exterior:</b>			<b>Building Exterior:</b> None	-
		Total B.E.:	-		Total B.E.:	-
	cabinets done cfp 2006	<b>Dwelling Units:</b>			<b>Dwelling Units:</b> None	-
		Total DUs:	-		Total DUs:	-
	range/refer/ac cfp 2006	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b> None	-
		Total D.E.:	-		Total D.E.:	-
		<b>Interior Common Areas:</b> None	-		<b>Interior Common Areas:</b> None	-
		Total ICAs:	-		Total ICAs:	-
		<b>Site-Wide Facilities:</b> None	-		<b>Site-Wide Facilities:</b> None	-
		Total SWFs:	-		Total SWFs:	-
		<b>Nondwelling Equipment:</b> None	-		<b>Nondwelling Equipment:</b>	
		Total NDE:	-		Total NDE:	-
	<b>Subtotal of Estimated Cost</b>		-	<b>Subtotal of Estimated Cost</b>		36,500.00



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-009 QUINCY	Site:		WA 14-009 QUINCY	Site:	
					None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-			
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-		None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-			
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: <b>2011</b> PHA FY:			Activities for Year 5 FFY Grant: <b>2012</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>2008</b>						
See  Annual  Statement	WA 14-009 QUINCY	Site: None	-	WA 14-009 QUINCY	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: BASE BOARD HEAT	8,350.00
		Total M&E:	-		Total M&E:	8,350.00
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment: None	-		Dwelling Equipment: RANGE REFER AC	18,000.00
		Total D.E.:	-		Total D.E.:	18,000.00
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		26,350.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-010 ROYAL CITY	Site:		WA 14-010 ROYAL CITY	Site:	
					None	-
		Total Site:	-		Total Site:	-
	funge	Mechanical and Electrical:			Mechanical and Electrical:	
	to 2005	hot water tanks				
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
					None	-
		Total B.E.:	-		Total B.E.:	-
	kitchen rehabs done cfp 2005	Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
	range refers ac's cfp 2005	Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-



## Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-010 ROYAL CITY	Site:		WA 14-010 ROYAL CITY	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		BASE BOARD HEAT	8,350.00		BASE BOARD HEAT	8,350.00
		Total M&E:	-		Total M&E:	8,350.00
		Building Exterior:			Building Exterior:	
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-		RANGE REFER AC	18,000.00
		Total D.E.:	-		Total D.E.:	18,000.00
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
	Total ICAs:	-	Total ICAs:	-		
Site-Wide Facilities:		Site-Wide Facilities:				
None	-	None	-			
Total SWFs:	-	Total SWFs:	-			
Nondwelling Equipment:		Nondwelling Equipment:				
None	-	None	-			
Total NDE:	-	Total NDE:	-			
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		26,350.00



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-011 WARDEN			WA 14-011 WARDEN		
	SITE WIDE	Site:	-		Site:	-
			- - - - -		None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
	fungeed to 2005	hot water heaters				
			- - - - -			- - - - -
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
	SITE WIDE	None	-			
			- - - - -			- - - - -
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		None	-		None	-
			- - - - -			- - - - -
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-		None	-
			- - - - -			- - - - -
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
			- - - - -			- - - - -
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
			- - - - -			- - - - -
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
			- - - - -			- - - - -
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: <b>2011</b> PHA FY:			Activities for Year 5 FFY Grant: <b>2012</b> PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>2008</b>						
See  Annual  Statement	<b>WA 14-011 WARDEN</b>	<b>Site:</b> water meters & shut offs	28,782.00	<b>WA 14-011 WARDEN</b>	<b>Site:</b> None	-
		Total Site:	28,782.00		Total Site:	-
		<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b> BASE BOARD HEAT	8,350.00
		Total M&E:	-		Total M&E:	8,350.00
		<b>Building Exterior:</b> None	-		<b>Building Exterior:</b> None	-
		Total B.E.:	-		Total B.E.:	-
		<b>Dwelling Units:</b> None	-		<b>Dwelling Units:</b> None	-
		Total DUs:	-		Total DUs:	-
		<b>Dwelling Equipment:</b> None	-		<b>Dwelling Equipment:</b> None	-
		Total D.E.:	-		Total D.E.:	-
		<b>Interior Common Areas:</b> None	-		<b>Interior Common Areas:</b> None	-
		Total ICAs:	-		Total ICAs:	-
		<b>Site-Wide Facilities:</b> None	-		<b>Site-Wide Facilities:</b> None	-
		Total SWFs:	-		Total SWFs:	-
		<b>Nondwelling Equipment:</b> None	-		<b>Nondwelling Equipment:</b> None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		28,782.00	Subtotal of Estimated Cost		8,350.00



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-012 GRAND COULEE	Site: None	-	WA 14-012 GRAND COULEE	Site: PARKING LOT & LIGHTING REPAIR	17,220.00
		Total Site:	-		Total Site:	17,220.00
		Mechanical and Electrical: None	-		Mechanical and Electrical:	
		Total M&E:	-		Total M&E:	-
		Building Exterior: repair/replace siding & windows	295,852.00		Building Exterior:	
		Total B.E.:	295,852.00		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas: AC HALLWAYS	10,400.00
		Total ICAs:	-		Total ICAs:	10,400.00
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-

	Subtotal of Estimated Cost	295,852.00	Subtotal of Estimated Cost	27,620.00
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Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-012 GRAND COULEE	Site: REPAIR REPLACE IRRIGATION SYS	10,561.00	WA 14-012 GRAND COULEE	Site:	
		Total Site:	10,561.00		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-		BASE BOARD HEAT HOT WATER TANKS	11,700.00 16,000.00
		Total M&E:	-		Total M&E:	27,700.00
		Building Exterior:			Building Exterior:	
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		None	-		None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-		None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-			
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		10,561.00	Subtotal of Estimated Cost		27,700.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-013 MOSES LAKE			WA 14-013 MOSES LAKE		
	SITE WIDE	Site: None	-		Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: HOT WATER TANKS	
		Total M&E:	-		Total M&E:	-
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: None	-		Dwelling Units: KITCHEN BATH REHAB DOORS	115,000.00 12,000.00
		Total DUs:	-		Total DUs:	127,000.00
		Dwelling Equipment: None	-		Dwelling Equipment: AC	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		127,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-013 MOSES LAKE	Site: None	-	WA 14-013 MOSES LAKE	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical: BASE BOARD HEAT	12,000.00
		Total M&E:	-		Total M&E:	12,000.00
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units: None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment: None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		12,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-014 QUINCY	Site:		WA 14-014 QUINCY	Site:	
	SITE WIDE				Water meter & shut offs	22,732.00
		Total Site:	-		Total Site:	22,732.00
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-			
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		None	-		None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		None	-		None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		22,732.00

## Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-014 QUINCY              KITCHEN REHAB 52,000 KITCHEN CABINETS 22,000 BATH REHAB 42,000 DOORS 10,000  funged to 2005	Site: None	-	WA 14-014 QUINCY	Site:	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: BASE BOARD HEAT	9,000.00
		Total M&E:	-		Total M&E:	9,000.00
		Building Exterior: None	-		Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units: rehab	120,800.00		Dwelling Units:	-
		Total DUs:	120,800.00		Total DUs:	-
		Dwelling Equipment: range refer ac	-		Dwelling Equipment:	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
	Total SWFs:	-	Total SWFs:	-		
Nondwelling Equipment: None	-	Nondwelling Equipment: None	-			
Total NDE:	-	Total NDE:	-			
	Subtotal of Estimated Cost		120,800.00	Subtotal of Estimated Cost		9,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-023 SOAP LAKE	Site:		WA 14-023 SOAP LAKE	Site:	
					None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-		None	-
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
		None	-		None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
					None	-
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
					None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-



Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1  2008	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See  Annual  Statement	WA 14-023 SOAP LAKE	Site:		WA 14-023 SOAP LAKE	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: BASE BOARD HEAT	7,000.00
		Total M&E:	-		Total M&E:	7,000.00
		Building Exterior:			Building Exterior: REPLACE GARAGE DOORS	8,000.00
		Total B.E.:	-		Total B.E.:	8,000.00
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		15,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-024 EPHRATA	Site: None	-	WA 14-024 EPHRATA	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical: None	-		Mechanical and Electrical: None	-
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior: None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment: None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas: None	-		Interior Common Areas: None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities: None	-		Site-Wide Facilities: None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment: None	-		Nondwelling Equipment: None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2012 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-024 EPHRATA	Site:		WA 14-024 EPHRATA	Site: None	-
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-		BASE BOARD HEAT	7,000.00
		Total M&E:	-		Total M&E:	7,000.00
		Building Exterior:			Building Exterior:	
					REPLACE GARAGE DOORS	8,000.00
		Total B.E.:	-		Total B.E.:	8,000.00
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		15,000.00

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2009 PHA FY:			Activities for Year 3 FFY Grant: 2010 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-025 QUINCY	Site:		WA 14-025 QUINCY	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-		None	-
		Total M&E:	-		Total M&E:	-
		Building Exterior:			Building Exterior:	
					None	-
		Total B.E.:	-		Total B.E.:	-
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
					None	-
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		-

Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages---Work Activities

Activities for Year 1	Activities for Year 4 FFY Grant: 2011 PHA FY:			Activities for Year 5 FFY Grant: 2,012.00 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
2008						
See  Annual  Statement	WA 14-025 QUINCY	Site:		WA 14-025 QUINCY	Site:	
		Total Site:	-		Total Site:	-
		Mechanical and Electrical:			Mechanical and Electrical:	
		None	-		BASE BOARD HEAT	7,000.00
		Total M&E:	-		Total M&E:	7,000.00
		Building Exterior:			Building Exterior:	
					REPLACE GARAGE DOOR	8,000.00
		Total B.E.:	-		Total B.E.:	8,000.00
		Dwelling Units:			Dwelling Units:	
		Total DUs:	-		Total DUs:	-
		Dwelling Equipment:			Dwelling Equipment:	
		Total D.E.:	-		Total D.E.:	-
		Interior Common Areas:			Interior Common Areas:	
		None	-		None	-
		Total ICAs:	-		Total ICAs:	-
		Site-Wide Facilities:			Site-Wide Facilities:	
		None	-		None	-
		Total SWFs:	-		Total SWFs:	-
		Nondwelling Equipment:			Nondwelling Equipment:	
		None	-		None	-
		Total NDE:	-		Total NDE:	-
	Subtotal of Estimated Cost		-	Subtotal of Estimated Cost		15,000.00

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:  <div style="text-align: center; color: blue; font-weight: bold;">HOUSING AUTHORITY OF GRANT COUNTY</div>	Grant Type and Number Capital Fund Program Grant No. <span style="color: blue; font-weight: bold;">WA19P014501-04</span> Replacement Housing Factor Grant No:	Federal FY of Grant:  <div style="text-align: center; color: blue; font-weight: bold;">2004</div>
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <input type="checkbox"/> Original Annual Statement  <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:         </div> <div style="width: 30%; text-align: center;"> <input type="checkbox"/> Reserve for Disasters/Emergencies  <div style="color: blue; font-weight: bold;">8/31/2007</div> </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <span style="float: right; color: blue; font-weight: bold;">1</span>  <input type="checkbox"/> Final Performance and Evaluation Report         </div> </div>		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non-CFP Funds		9/1/2007	8/31/2007	8/31/2007	Bal
2	1406 Operations	5,000.00	1,000.00	1,000.00		1,000.00
3	1408 Management Improvements Soft Costs	16,800.00	16,800.00	16,800.00	16,249.97	550.03
	Management Improvements Hard Costs					
4	1410 Administration	44,481.00	44,481.00	44,481.00	27,448.39	17,032.61
5	1411 Audit	4,000.00	4,000.00	4,000.00	4,000.00	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	1,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	69,000.00	43,547.45	43,547.45	28,223.91	15,323.54
10	1460 Dwelling Structures	199,470.00	307,129.25	285,340.19	280,446.81	26,682.44
11	1465.1 Dwelling Equipment-Nonexpendable	3,462.00	2,893.02	2,893.02	2,893.02	
12	1470 Nondwelling Structures	78,400.00	2,250.00	2,250.00	2,250.00	
13	1475 Nondwelling Equipment	21,800.00	26,312.28	26,312.28	26,312.28	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Cost					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency	5,000.00				
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	448,413.00	448,413.00	426,623.94	387,824.38	60,588.62
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Compliance					
24	Amount of line 21 Related to Security -- Soft Costs					
25	Amount of line 21 Related to Security -- Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

Approved by John Poling Executive Director

Approved by HUD

Date

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			<b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised 6/15/2007	Funds Obligated 6/15/2007	Funds Expended 6/15/2007	
HA-Wide Mgmt. Improvmts	TRAINING OFFICE EQUIPMENT SHREDDER NETWORK PRINTER	1408 " "	Total 1408	15,000.00 1,800.00	16,800.00	16,800.00	16,249.97	550.03
	SHREDDER TO COMPLY W/SECURITY ISSUES W/TENANT INFORMATION			16,800.00	16,800.00	16,800.00	16,249.97	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		44,481.00	44,481.00	44,481.00	27,448.39	
HA-Wide Audit	Audit	1411		4,000.00	4,000.00	4,000.00	4,000.00	
HA-Wide Fees and Costs	Architectural Services Energy Audit TOTAL FEES & COSTS	1430 1430		1,000.00				
HA-Wide	Parking lot paving ADA parking	1450			9,143.45	9,143.45		
"	Nonroutine Asbestos abatement	1460		1,000.00	-			
"	Fire Proof Records Retention Bldg	1470		76,000.00				
"	Vehicle SHREDDER	1475		21,800.00	24,342.30 1,969.98	24,342.30 1,969.98	24,342.30 1,969.98	
"	TOTAL NON DWELLING EQUIP			21,800.00	26,312.28	26,312.28	26,312.28	
"	Relocation expense	1495.1						100% complete 100% complete
"	Contingency	1502		5,000.00	-			

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised 6/15/2007	Obligated	Expended	
<b>14-1</b> <b>SOAP LAKE</b> <b>12 units</b>  deleted	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> Smoke Detectors Stove firestop Low sone fans & ventilation	1460	12 12	3,100.00	1,685.50 502.38	1,685.50 502.38	1,685.50 502.38	
			Total M&E:	3,100.00	2,187.88	2,187.88	2,187.88	
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> NONE	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Project Total:	3,100.00	2,187.88	2,187.88	2,187.88	
<b>Total, SOAP LAKE</b>								



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-2</b> <b>Grand Coulee</b>  <b>11 units</b>          <b>delete</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> Smoke Detectors Stove firestop Low sone fans & ventilation	1460	11	2,900.00	1,760.26 425.92	1,760.26 425.92	1,760.26 425.92	
			Total B.E.:	2,900.00	2,186.18	2,186.18	2,186.18	
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Grand Coulee</b>		Project Total:	2,900.00	2,186.18	2,186.18	2,186.18	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				<b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>14-3 Ephrata</b>  <b>12 units</b>	<b>Site:</b> ADA Deficiencies	1450	12 units	2,500.00	-			<b>100% complete</b>	
			Total Site:	2,500.00					
	<b>Mechanical and Electrical:</b> Stove firestop	1460			464.64	464.64	464.64		
			Total M&E:		464.64	464.64	464.64		
	<b>Building Exterior:</b>	1460							
			Total B.E.:						
	<b>Dwelling Units:</b>	1460							
			Total DUs:						
	<b>Dwelling Equipment:</b> None	1465.1							
			Total D.E.:						
	<b>Interior Common Areas:</b> None	1470							
			Total ICAs:						
	<b>OFFICE</b>	1470							
			Total SWFs:						
	<b>Nondwelling Equipment:</b> None	1475							
			Total NDE:						
<b>Total,</b>	<b>Ephrata</b>		Project Total:	2,500.00	464.64	464.64	464.64		

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			<b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-4 Quincy 5 units</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
<b>delete</b>	<b>Mechanical and Electrical:</b> Smoke Detectors Stove firestop Low sone fans & ventilation	1460	5	700.00	637.00 292.70	637.00 292.70	637.00 292.70	
			Total M&E:	700.00	929.70	929.70	929.70	
	<b>Building Exterior:</b> None	1460	Total B.E.:					<b>100% completed</b>
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range & Refers	1465.1	5 units	3,462.00	2,893.02	2,893.02	2,893.02	
			Total D.E.:	3,462.00	2,893.02	2,893.02	2,893.02	
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:	4,162.00	3,822.72	3,822.72	3,822.72	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-5 Quincy</b> <b>1 unit</b>	<b>Site:</b> None	1450	Total Site:					<b>100% COMPLETE</b>
	<b>Mechanical and Electrical:</b> Stove firestop	1460	Total M&E:		76.58	76.58	76.58	
	<b>Building Exterior:</b> None	1460	Total B.E.:		76.58	76.58	76.58	
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:		76.58	76.58	76.58	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-6 Soap Lake 4 units  delete	Site: None	1450	Total Site:					100% completed 100% completed
	Mechanical and Electrical: Smoke Detectors Stove firestop Low sone fans & ventilation	1460	4	1,500.00	1,297.84 154.88	1,297.84 154.88	1,297.84 154.88	
			Total M&E:	1,500.00	1,452.72	1,452.72	1,452.72	
	Building Exterior: None	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: None	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
	Total, Soap Lake		Project Total:	1,500.00	1,452.72	1,452.72	1,452.72	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			<b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-7</b> <b>Moses Lake</b> <b>30 units</b>  <b>delete</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> Smoke Detectors Stove firestop Low sone fans & ventilation	1460	30	8,500.00	1,098.57 77.44	1,098.57 77.44	1,098.57 77.44	
			Total M&E:	8,500.00	1,176.01	1,176.01	1,176.01	
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Moses Lake</b>		Project Total:	8,500.00	1,176.01	1,176.01	1,176.01	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>14-8 Warden 11 units</b>  <b>delete</b> <b>funded from 2007</b>  <b>funded from 2007</b>            <b>Total, Warden</b>	<b>Site:</b> Water meters split out funded to CFP 2002	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>	
	<b>Mechanical and Electrical:</b> Smoke Detectors	1460	11	3,000.00	1,529.30 545.17	1,529.30 545.17	1,529.30 545.17		
	Stove fire stop		11	27,150.00	17,500.00	17,805.00	17,805.00		
	Low sone fans & ventilation								
	Electrical Panels			Total M&E:	30,150.00	19,574.47	19,879.47	19,879.47	<b>100% completed</b>
	<b>Building Exterior:</b> Roofs	1460		40,000.00	22,245.00	22,245.00	22,245.00		
			Total B.E.:	40,000.00	22,245.00	22,245.00	22,245.00		
	<b>Dwelling Units:</b> None	1460	Total DUs:						
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:						
	<b>Interior Common Areas:</b> Shed roofs	1470	Total ICAs:		2,250.00	2,250.00	2,250.00		
			Total SWFs:		2,250.00	2,250.00	2,250.00		
	<b>Site-Wide Facilities:</b> None	1470							
	<b>Nondwelling Equipment:</b>	1475	Total NDE:						
			Project Total:	70,150.00	44,069.47	44,374.47	44,374.47		

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-9 Quincy</b> <b>12 units</b>  <b>delete</b>          <b>done previously</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> Smoke Detectors Stove fire stop Low sone fans & ventilation	1460	12	3,100.00	2,714.71 555.97	2,714.71 555.97	2,714.71 555.97	
	<b>Building Exterior:</b> None	1460	Total M&E:	3,100.00	3,270.68	3,270.68	3,270.68	
	<b>Dwelling Units:</b> Floor coverings Asbestos Abatement Insulation	1460	12	38,400.00 3,500.00	28,000.00	28,000.00	23,106.62	
	<b>Dwelling Equipment:</b> None	1465.1	Total DUs:	41,900.00	28,000.00	28,000.00	23,106.62	<b>3 remaining labor only</b> <b>4,893.38</b>
	<b>Interior Common Areas:</b> None	1470	Total B.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total D.E.:					
	<b>Nondwelling Equipment:</b> None	1475	Total ICAs:					
			Total SWFs:					
			Total NDE:					
	<b>Total, Quincy</b>		<b>Project Total:</b>	<b>45,000.00</b>	<b>31,270.68</b>	<b>31,270.68</b>	<b>26,377.30</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				<b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>14-10 Royal City</b> funded from 2005 funded from 2005 funded from 2005 funded from 2008 <b>12 Units</b>     <b>delete</b>   									

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-11 Warden 12 units</b>  <b>delete</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> Smoke detectors Stove fire stop Low sone fans & ventilation & ventilation	1460	12	3,500.00	1,736.68 583.74	1,736.68 583.74	1,736.68 583.74	
			Total M&E:	3,500.00	2,320.42	2,320.42	2,320.42	
	<b>Building Exterior:</b> None	1460	Total B.E.:					<b>added as a health &amp; safety issure for maintenance personnel</b>
	<b>Dwelling Units:</b> Plumbing replacement/repair	1460	Total DUs:		22,094.06			
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Total NDE:					
			Project Total:	3,500.00	24,414.48	2,320.42	2,320.42	
<b>Total, Warden</b>								

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name:  HOUSING AUTHORITY OF GRANT COUNTY		Grant Type and Number Capital Fund Program Grant No. WA19P014501-04 Replacement Housing Factor Grant No:			Federal FY of Grant:  2004				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<div>14-12 Grand Coulee</div> <div>Senior Manor 40 units</div> <div>DONE DONE</div> <div>Total,</div>	Site:	1450						PER UNIT 4816.45	
	Mechanical and Electrical: Stove top fire stop	1460	Total Site:		1,604.89	1,604.89	1,604.89		100% complete
			Total M&E:		1,604.89	1,604.89	1,604.89		
	Building Exterior:	1460							
			Total B.E.:						
	Dwelling Units: Bathroom remodel	1460	40	51,420.00	192,658.15	192,658.15	192,658.15		
			Total DUs:	51,420.00	192,658.15	192,658.15	192,658.15		
	Dwelling Equipment: None	1465.1							
			Total D.E.:						
	Interior Common Areas: Window Safety Ventilation	1470		2,400.00					
			Total ICAs:	2,400.00					
	Site-Wide Facilities:	1470							
		Total SWFs:							
Nondwelling Equipment:	1475								
		Total NDE:							
	Grand Coulee		Project Total:	53,820.00	194,263.04	194,263.04	194,263.04		

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-13</b> <b>Moses Lake</b> <b>14 units</b>   <b>delete</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b> <b>100% completed</b>
	<b>Mechanical and Electrical:</b> Smoke Detectors Stove firestop Low sone fans & ventilation	1460	14	4,000.00	1,049.53 749.11	1,049.53 749.11	1,049.53 749.11	
			Total M&E:	4,000.00	1,798.64	1,798.64	1,798.64	
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Moses Lake</b>		Project Total:	4,000.00	1,798.64	1,798.64	1,798.64	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:				<b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-14 Quincy 12 units</b>	<b>Site:</b> None	1450	Total Site:					<b>100% completed</b>
<b>delete</b>	<b>Mechanical and Electrical:</b> Smoke Detectors stove firestop Low sone fans & ventilation	1460	12	3,500.00	1,512.33 615.83	1,512.33 615.83	1,512.33 615.83	
			Total M&E:	3,500.00	2,128.16	2,128.16	2,128.16	
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		<b>Project Total:</b>	3,500.00	2,128.16	2,128.16	2,128.16	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-23 Soap Lake 10 units	Site: None	1450	Total Site:					100% COMPLETE
	Mechanical and Electrical: Stove top fire stop	1460	Total M&E:		387.20	387.20	387.20	
	Building Exterior: None	1460	Total B.E.:		387.20	387.20	387.20	
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: None	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
			Project Total:		387.20	387.20	387.20	
Total, Soap Lake								

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-24 Ephrata 10 units</b>  funded to CFP 2003	<b>Site:</b> None	1450	Total Site:					<b>100% COMPLETE</b>
	<b>Mechanical and Electrical:</b> Stove top fire stop	1460	Total M&E:		387.20	387.20	387.20	
	<b>Building Exterior:</b> None	1460	Total B.E.:		387.20	387.20	387.20	
	<b>Dwelling Units:</b> Underlayment & floor covering	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Ephrata</b>		Project Total:		387.20	387.20	387.20	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No.: <b>WA19P014501-04</b> Replacement Housing Factor Grant No:					Federal FY of Grant:  <b>2004</b>
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TRAINING	09/13/06			09/14/08			
OFFICE EQUIPMENT SHREDDER	09/13/06			09/14/08			
NETWORK PRINTER							
HA-Wide Parking lot paving ADA parking							
" Nonroutine Asbestos abatement	09/13/06			09/14/08			
" Fire Proof Records Retention Bldg							
" Non Dwelling Equipment							
" Relocation expense							
14-1 Soap Lake	09/13/06			09/14/08			
14-2 Grand Coulee	09/13/06			09/14/08			
14-3 Ephrata	09/13/06			09/14/08			
14-4 Quincy	09/13/06			09/14/08			
14-5 Quincy	09/13/06			09/14/08			
14-6 Soap Lake	09/13/06			09/14/08			
14-7 Moses Lake	09/13/06			09/14/08			
14-8 Warden	09/13/06			09/14/08			
14-9 Quincy	09/13/06			09/14/08			
Royal City funged from 2005	09/13/06			09/14/08			
14-11 Warden	09/13/06			09/14/08			
14-12 Grand Coulee	09/13/06			09/14/08			
14-13 Moses Lake	09/13/06			09/14/08			
14-14 Quincy	09/13/06			09/14/08			
14-23 Soap Lake	09/13/06			09/14/08			
14-24 Ephrata	09/13/06			09/14/08			
14-25 Quincy	09/13/06			09/14/08			

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>						<b>Part I: Summary</b>	
PHA Name:  <div style="text-align: center; color: blue;"><b>HOUSING AUTHORITY OF GRANT COUNTY</b></div>			Grant Type and Number Capital Fund Program Grant No. <span style="color: blue;">WA19P014501-05</span> Replacement Housing Factor Grant No:			Federal FY of Grant:  <div style="text-align: center; color: blue;"><b>2005</b></div>	
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserve for Disasters/Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <span style="float: right; color: blue;">1</span>	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:			<b>7/31/2007</b>			<input type="checkbox"/> Final Performance and Evaluation Report	

  

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised #1	Obligated	Expended
1	Total Non-CFP Funds			<b>7/31/2007</b>	<b>7/31/2007 bal to spend</b>
2	1406 Operations	12,537.00	2,512.37	2,512.37	2,512.37
3	1408 Management Improvements Soft Costs	20,000.00	20,000.00	20,000.00	18,945.67
	Management Improvements Hard Costs				1,054.33
4	1410 Administration	37,444.00	37,444.00	37,444.00	9,747.63
5	1411 Audit	3,000.00	3,000.00	3,000.00	1,500.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,500.00	4,650.00	4,650.00	4,650.00
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	91,000.00	91,000.00	16,926.11
10	1460 Dwelling Structures	134,413.00	117,050.00	94,000.00	87,518.00
11	1465.1 Dwelling Equipment-Nonexpendable	75,500.00	97,779.63	97,779.63	74,931.59
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,042.00	1,000.00		1,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	28,000.00			
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	374,436.00	374,436.00	350,386.00	209,569.00
22	Amount of line 21 Related to LBP Activities				ok to gl
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Approved by John Poling Executive Director

Approved by HUD

Date

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:		<b>2005</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated June 15, 2007	Funds Expended June 15, 2007	
HA-Wide Mgmt. Improvmts	TRAINING Computer & printers Network upgrade	1408 " "	Total 1408	20,000.00	20,000.00	20,000.00	18,945.67	contract  <

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-1 SOAP LAKE</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
	<b>Building Exterior:</b> None	1460	Total M&E:					
			Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
			Total D.E.:					
	<b>Dwelling Equipment:</b> NONE	1465.1	Total ICAs:					
			Total SWFs:					
	<b>Interior Common Areas:</b> None	1470	Total NDE:					
			Project Total:					
	<b>Site-Wide Facilities:</b> None	1470						
	<b>Nondwelling Equipment:</b> None	1475						
<b>Total, SOAP LAKE</b>								

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2005</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-2 Grand Coulee 11 units</b>	<b>Site:</b> Remove and trim trees, Health and damages emergency work Funge from 2007	1450			9,500.00	9,500.00	9,500.00	<b>100% complete</b>
			Total Site:		9,500.00	9,500.00	9,500.00	
	<b>Mechanical and Electrical:</b> Hot water heaters	1460			6,000.00			
			Total M&E:		6,000.00			
	<b>Building Exterior:</b>	1460	11					
			Total B.E.:					
	<b>Dwelling Units:</b> None	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total, Grand Coulee</b>			Project Total:		15,500.00	9,500.00	9,500.00	

Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:			Grant Type and Number			Federal FY of Grant:		
HOUSING AUTHORITY OF GRANT COUNTY			Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-3 Ephrata  12 units	Site:	1450						
			Total Site:					
	Mechanical and Electrical:	1460						
			Total M&E:					
	Building Exterior:	1460						
			Total B.E.:					
	Dwelling Units:	1460						
			Total DUs:					
	Dwelling Equipment: None	1465.1						
			Total D.E.:					
	Interior Common Areas: None	1470						
			Total ICAs:					
	OFFICE	1470						
			Total SWFs:					
	Nondwelling Equipment: None	1475						
			Total NDE:					
	Total, Ephrata		Project Total:					

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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[illegible]

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			<b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-5 Quincy 1 unit</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
<b>Total, Quincy</b>	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Project Total:					



Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-6 Soap Lake 4 units	Site: None	1450	Total Site:					100% complete 823.38 1936.2 2759.58
	Mechanical and Electrical: Hot Water Tanks	1460	Total M&E:					
	Building Exterior: None	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: Range & Refer	1465.1	Total D.E.:	3,500.00	2,759.58	2,759.58	2,759.58	
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total, Soap Lake		Project Total:	3,500.00	2,759.58	2,759.58	2,759.58	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-7</b> <b>Moses Lake</b>  <b>30 units</b>	<b>Site:</b> TREE MAINTENANCE & REPLACEMENT IRRIGATION	1450		50,000.00	50,000.00	50,000.00	1,499.72	Trees moved to CFP 2003 Health & Safety issue Emergency
			Total Site:	50,000.00	50,000.00	50,000.00	1,499.72	
	<b>Mechanical and Electrical:</b> REPLACE SWITCHES & OUTLETS	1460						do with siding in CFP 2006  Kitchen & Bath rehap CFP 2007  <b>7453.54</b> <b>13274.13</b> <b>20727.67</b>
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> None	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> A/C REFRIG & RANGE	1465.1	force account	28,000.00 25,000.00	28,000.00 20,727.67	28,000.00 20,727.67	12,000.00 20,727.67	
			Total D.E.:	53,000.00	48,727.67	48,727.67	32,727.67	
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total, Moses Lake</b>			Project Total:	103,000.00	98,727.67	98,727.67	34,227.39	

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-8 Warden 11 units	Site:	1450	Total Site:					
	Mechanical and Electrical: Hot water tanks	1460			5,525.00			
			Total M&E:		5,525.00			
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: None	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
			Project Total:		5,525.00			
Total, Warden								

Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-9 Quincy 12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
<b>Total, Quincy</b>			<b>Project Total:</b>					

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:		<b>2005</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-10</b> <b>Royal City</b> <b>12 UNITS</b>  								

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:		<b>2005</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-11 Warden</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					<b>100% complete</b> <b>2860.14</b> <b>5492.14</b> <b>8352.28</b>
	<b>Mechanical and Electrical:</b> Hot water tanks	1460		6,000.00				
			Total M&E:		6,000.00			
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> None	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> RANGE & REFER	1465.1		8,352.28	8,352.28	8,352.28		
			Total D.E.:		8,352.28	8,352.28	8,352.28	
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
		Total SWFs:						
	<b>Nondwelling Equipment:</b> None	1475						
		Total NDE:						
<b>Total,</b>	<b>Warden</b>		Project Total:		14,352.28	8,352.28	8,352.28	

Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-12</b> <b>Grand Coulee</b>  <b>Senior Manor</b> 40 units	<b>Site:</b> tree removal, replacement, & trim funded from 2007	1450			1,500.00	1,500.00	1,500.00	100% complete
			Total Site:		1,500.00	1,500.00	1,500.00	
	<b>Mechanical and Electrical:</b> None	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
	<b>Total, Grand Coulee</b>		Project Total:		1,500.00	1,500.00	1,500.00	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY				Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:				
				<b>2005</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<div>14-13 Moses Lake 14 units</div> <div>funded from 2010</div> <div>Total, <b>Moses Lake</b></div>	<b>Site:</b> None	1450	Total Site:					<div>range refer ac</div> <div>installation force acct.</div> <div>5236.33 8103.77 5600 18940.1</div>
	<b>Mechanical and Electrical:</b> Hot water tanks	1460	Total M&E:		5,525.00			
	<b>Building Exterior:</b> None	1460	Total B.E.:		5,525.00			
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range, Refer & AC	1465.1	Total D.E.:		18,940.10	18,940.10	18,940.10	
	<b>Interior Common Areas:</b> None	1470	Total ICAs:		18,940.10	18,940.10	18,940.10	
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Project Total:		24,465.10	18,940.10	18,940.10	





**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-23</b> <b>Soap Lake</b>  <b>10 units</b>	<b>Site:</b> Ramps ADA funged to CFP 2002	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b> None	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> Insulation	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
	<b>Total, Soap Lake</b>		Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-24 Ephrata</b> <b>10 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> Insulation	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Ephrata</b>		Project Total:					

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>
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PHA Name:		Grant Type and Number				Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-05</b> Replacement Housing Factor Grant No:				<b>2005</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>14-25 Quincy 10 units</b>	<b>Site:</b> Pave Alley	1450	Total Site:						
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:						
	<b>Building Exterior:</b> None	1460	Total B.E.:						
	<b>Dwelling Units:</b> INSULATION	1460	Total DUs:						
	<b>Dwelling Equipment:</b>	1465.1	10	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:						
<b>Site-Wide Facilities:</b> None	1470	Total SWFs:							
<b>Nondwelling Equipment:</b> None	1475	Total NDE:							
<b>Total, Quincy</b>			Project Total:						

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No.: <b>WA19P014501-05</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2005</b>
Development Number Name/HA-Wide Activities		All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TRAINING		08/17/07			08/18/09		
HA-Wide HA WIDE SITE							
" FEES & COSTS		08/17/07			08/18/09		
" AUDIT		08/17/07			08/18/09		
" Non Dwelling Equipment		08/17/07			08/18/09		
" Relocation expense							
14-1 Soap Lake							
14-2 Grand Coulee		08/17/07			08/18/09		
14-3 Ephrata							
14-4 Quincy							
14-5 Quincy							
14-6 Soap Lake		08/17/07			08/18/09		
14-7 Moses Lake		08/17/07			08/18/09		
14-8 Warden							
14-9 Quincy							
14-10 Royal City		08/17/07			08/18/09		
14-11 Warden		08/17/07			08/18/09		
14-12 Grand Coulee		08/17/07			08/18/09		
14-13 Moses Lake		08/17/07			08/18/09		
14-14 Quincy		08/17/07			08/18/09		
14-23 Soap Lake							
14-24 Ephrata							
14-25 Quincy							

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

## Part I: Summary

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>	Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2006</b>
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<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<b>8/31/2007</b>	<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds			<b>8/31/2007</b>	<b>8/31/2007</b>
2	1406 Operations				
3	1408 Management Improvements Soft Costs	15,000.00		10,000.00	3,890.17
	Management Improvements Hard Costs				
4	1410 Administration	35,341.00		11,150.00	2,725.48
5	1411 Audit	2,000.00		2,000.00	1,000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	238,358.00			
11	1465.1 Dwelling Equipment-Nonexpendable	41,712.00		16,850.00	11,973.47
12	1470 Nondwelling Structures	21,000.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>353,411.00</b>		<b>40,000.00</b>	<b>19,589.12</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Approved by John Poling Executive Director

Date

Approved by HUD

Date

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			<b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Mgmt. Improvmts	TRAINING Computer & printers Network upgrade	1408 " "	Total 1408	15,000.00		10,000.00	3,890.17	
				15,000.00		10,000.00	3,890.17	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		35,341.00		11,150.00	2,725.48	
HA-Wide Audit	Audit	1411		2,000.00		2,000.00	1,000.00	
HA-Wide Fees and Costs	Architectural Services	1430						
	Energy Audit	1430						
	TOTAL FEES & COSTS							
HA-Wide	HA WIDE SITE	1450						
"	Nonroutine Asbestos abatement	1460						
"		1470						
"	OFFICE EQUIPMENT	1475						
	TOTAL NON DWELLING EQUIP							
"	Relocation expense	1495.1						
"	Contingency	1502						

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-1</b> <b>SOAP LAKE</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> NONE	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, SOAP LAKE</b>		<b>Project Total:</b>					



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-2</b> <b>Grand Coulee</b>  <b>11 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	11					
	<b>Dwelling Units:</b> None	1460	Total B.E.:					
	<b>Dwelling Equipment:</b> None	1465.1	Total DUs:					
	<b>Interior Common Areas:</b> None	1470	Total D.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total ICAs:					
	<b>Nondwelling Equipment:</b> None	1475	Total SWFs:					
			Total NDE:					
			Project Total:					
<b>Total,</b>	<b>Grand Coulee</b>							

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-3 Ephrata</b>  <b>12 units</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>OFFICE</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total, Ephrata</b>			<b>Project Total:</b>					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

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# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-5 Quincy 1 unit</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-6</b> <b>Soap Lake</b> <b>4 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> Hot Water Tanks	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range & Refer	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
			Project Total:					
<b>Total, Soap Lake</b>								

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-7</b> <b>Moses Lake</b>  <b>30 units</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b> Siding Windows	1460		101,028.00 75,300.00				
			Total B.E.:	176,328.00				
	<b>Dwelling Units:</b> Doors & hardware	1460		14,400.00				
			Total DUs:	14,400.00				
	<b>Dwelling Equipment:</b> A/C REFRIG & RANGE	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> Siding sheds	1470		21,000.00				
			Total SWFs:	21,000.00				
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total, Moses Lake</b>			<b>Project Total:</b>	<b>211,728.00</b>				

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>
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PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<div>14-8 Warden 11 units</div> <div>Range = 3575 Refer = 4675 A/C = 8600</div> <div>Total, Warden</div>	Site:	1450	Total Site:					<div>range refer ac</div> <div>2620.6 4952.87 4400 11973.47</div>
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: Cabinets	1460	Total DUs:	47,630.00				
	Dwelling Equipment:	1465.1	Total D.E.:	16,850.00		16,850.00	11,973.47	
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
			Project Total:	64,480.00		16,850.00	11,973.47	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:		<b>2006</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-9 Quincy 12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
<b>Total, Quincy</b>	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Project Total:					



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-10</b> <b>Royal City</b> <b>12 UNITS</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> Flooring Doors Kitchen Rehab	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> Air Conditioners & Range & Refers	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total, Royal City</b>			Project Total:					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-11</b> <b>Warden</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Warden</b>		<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-12 Grand Coulee</b>  <b>Senior Manor</b> 40 units	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
	<b>Total, Grand Coulee</b>		<b>Project Total:</b>					

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2006</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-13 Moses Lake 14 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
	<b>Building Exterior:</b> None	1460	Total M&E:					
	<b>Dwelling Units:</b> None	1460	Total B.E.:					
	<b>Dwelling Equipment:</b> None	1465.1	Total DUs:					
	<b>Interior Common Areas:</b> None	1470	Total D.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total ICAs:					
	<b>Nondwelling Equipment:</b> None	1475	Total SWFs:					
			Total NDE:					
<b>Total,</b>	<b>Moses Lake</b>		Project Total:					

Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:			Grant Type and Number			Federal FY of Grant:		
HOUSING AUTHORITY OF GRANT COUNTY			Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-14 Quincy 12 units	Site: None	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior: None	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: None	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
			Project Total:					
Total, Quincy								

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:		<b>2006</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<div>14-24 Ephrata 10 units</div> <div>Range = 3250 Refer = 4250 + labor &amp; fuel</div>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range & refer	1465.1	Total D.E.:	8,000.00				
				8,000.00				
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
<b>Total, Ephrata</b>	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
			Project Total:	8,000.00				

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-25 Quincy 10 units</b>  Range = 3250 Refer = 4250 + labor & fuel	<b>Site:</b> Pave Alley	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> INSULATION	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range & refer	1465.1	Total D.E.:	8,862.00				
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:	8,862.00				



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No.: <b>WA19P014501-06</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2006</b>
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TRAINING	07/17/08			07/17/10			
HA-Wide HA WIDE SITE							
" FEES & COSTS	07/18/08			07/17/10			
" AUDIT	07/18/08			07/17/10			
" Non Dwelling Equipment							
" Relocation expense							
14-1 Soap Lake							
14-2 Grand Coulee							
14-3 Ephrata							
14-4 Quincy							
14-5 Quincy							
14-6 Soap Lake							
14-7 Moses Lake	07/18/08			07/17/10			
14-8 Warden	07/18/08			07/17/10			
14-9 Quincy							
14-10 Royal City							
14-11 Warden							
14-12 Grand Coulee							
14-13 Moses Lake							
14-14 Quincy							
14-23 Soap Lake	07/18/08			07/17/10			
14-24 Ephrata	07/18/08			07/17/10			
14-25 Quincy	07/18/08			07/17/10			

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

## Part I: Summary

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>	Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2007</b>
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<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds	<b>8/30/2007</b>			
2	1406 Operations	1,000.00			
3	1408 Management Improvements Soft Costs	25,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	36,761.00			
5	1411 Audit	4,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	22,500.00			
10	1460 Dwelling Structures	203,983.00			
11	1465.1 Dwelling Equipment-Nonexpendable	63,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost	3,369.00			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>367,613.00</b>			
22	Amount of line 21 Related to LBP Activities	OK			
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Approved by John Poling Executive Director

Date

Approved by HUD

Date

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			<b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Mgmt. Improvmnts	TRAINING	1408 " "	soft cost hard cost	25,000.00				
			<b>Total 1408</b>	25,000.00				
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		36,761.00				
HA-Wide Audit	Audit	1411		4,000.00				
HA-Wide Fees and Costs	Architectural Services	1430		3,000.00				
	Energy Audit	1430						
	TOTAL FEES & COSTS			3,000.00				
HA-Wide	HA WIDE SITE	1450						
"	Nonroutine Asbestos abatement	1460						
"		1470						
"	OFFICE EQUIPMENT	1475		5,000.00				
	TOTAL NON DWELLING EQUIP			5,000.00				
	REPLACEMENT FUNDS	1490						
"	Relocation expense	1495.1		3,369.00				
"	Contingency	1502						

## Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

## Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-1</b> <b>SOAP LAKE</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> Electrical Panels	1460	Total M&E:	19,800.00				
	<b>Building Exterior:</b> None	1460	Total B.E.:	19,800.00				
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> NONE	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, SOAP LAKE</b>		Project Total:	19,800.00				

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-2</b> <b>Grand Coulee</b>  <b>11 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	11					
	<b>Dwelling Units:</b> None	1460	Total B.E.:					
	<b>Dwelling Equipment:</b> None	1465.1	Total DUs:					
	<b>Interior Common Areas:</b> None	1470	Total D.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total ICAs:					
	<b>Nondwelling Equipment:</b> None	1475	Total SWFs:					
			Total NDE:					
			Project Total:					
<b>Total, Grand Coulee</b>								

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-3 Ephrata</b>  <b>12 units</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>OFFICE</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475						
			Total NDE:					
<b>Total,</b>	<b>Ephrata</b>		<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-4</b> <b>Quincy</b> <b>5 units</b>            funded to CFP 2004	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> None	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Range & Refrigerators	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
<b>Total, Quincy</b>			<b>Project Total:</b>					

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:		<b>2007</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-5 Quincy</b> <b>1 unit</b>	<b>Site:</b> None	1450	Total Site:  Total M&E:  Total B.E.:  Total DUs:  Total D.E.:  Total ICAs:  Total SWFs:  Total NDE: Project Total:					
	<b>Mechanical and Electrical:</b> None	1460						
	<b>Building Exterior:</b> None	1460						
	<b>Dwelling Units:</b> None	1460						
	<b>Dwelling Equipment:</b> None	1465.1						
	<b>Interior Common Areas:</b> None	1470						
	<b>Site-Wide Facilities:</b> None	1470						
	<b>Nondwelling Equipment:</b> None	1475						
	<b>Total, Quincy</b>							



# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-6 Soap Lake 4 units	Site: None	1450	Total Site:					
	Mechanical and Electrical: Hot Water Tanks	1460	Total M&E:					
	Building Exterior: None	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: Range & Refer	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
			Project Total:					
Total,	Soap Lake							

Annual Statement /Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant:  <b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-7 Moses Lake 30 units</b>	<b>Site:</b> TREE MAINTENANCE & REPLACEMENT IRRIGATION	1450	Total Site:					
	<b>Mechanical and Electrical:</b> REPLACE SWITCHES & OUTLETS	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b> KITCHEN & BATH REHAB	1460	40 UNITS	184,183.00				
	<b>Dwelling Equipment:</b> A/C REFRIG & RANGE	1465.1	Total DUs:	184,183.00				
	<b>Interior Common Areas:</b> None	1470	Total D.E.:					
	<b>Site-Wide Facilities:</b> None	1470	Total ICAs:					
	<b>Nondwelling Equipment:</b> None	1475	Total SWFs:					
			Total NDE:					
			Project Total:	184,183.00				
	<b>Total, Moses Lake</b>							

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
14-8 Warden 11 units	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: None	1460	Total DUs:					
	Dwelling Equipment: None	1465.1	Total D.E.:					
	Interior Common Areas: None	1470	Total ICAs:					
	Site-Wide Facilities: None	1470	Total SWFs:					
	Nondwelling Equipment: None	1475	Total NDE:					
	Total, Warden		Project Total:					

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name:			Grant Type and Number			Federal FY of Grant:		
HOUSING AUTHORITY OF GRANT COUNTY			Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			<b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-9 Quincy</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> None	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
<b>Total, Quincy</b>			<b>Project Total:</b>					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:				<b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-10</b> <b>Royal City</b> <b>12 UNITS</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b> None	1460						
			Total B.E.:					
	<b>Dwelling Units:</b> Flooring Doors Kitchen Rehab	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> Air Conditioners & Range & Refers	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b> None	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total, Royal City</b>			<b>Project Total:</b>					

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:		<b>2007</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-11 Warden</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:					
	<b>Mechanical and Electrical:</b>							
		1460	Total M&E:					
	<b>Building Exterior:</b> None							
		1460	Total B.E.:					
	<b>Dwelling Units:</b> None							
		1460	Total DUs:					
	<b>Dwelling Equipment:</b> None							
		1465.1	Total D.E.:					
	<b>Interior Common Areas:</b> None							
		1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None							
		1470	Total SWFs:					
<b>Nondwelling Equipment:</b> None								
	1475	Total NDE:						
<b>Total, Warden</b>			Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:				<b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-12</b> <b>Grand Coulee</b>  <b>Senior Manor</b> 40 units          <b>RANGE 13,000</b> <b>REFERS 17,000</b> <b>AC 20,000</b>	<b>Site:</b> RAMP ADA DRAINAGE to correct standing water problem	1450		13,000.00 9,500.00				Level area to load/unload, ADA ramp Cover area to protect seniors from rain/ice slipping/falling
			Total Site:	22,500.00				
	<b>Mechanical and Electrical:</b> None	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b> RANGE REFER AC	1465.1		63,000.00				
			Total D.E.:	63,000.00				
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
	<b>Total, Grand Coulee</b>		Project Total:	85,500.00				

<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:		<b>2007</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-13 Moses Lake 14 units</b>	<b>Site:</b> None	1450	Total Site:  					



<p><b>Annual Statement /Performance and Evaluation Report</b></p> <p><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b></p> <p><b>Part II: Supporting Pages</b></p>
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PHA Name:		Grant Type and Number		Federal FY of Grant:				
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:		<b>2007</b>				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-14 Quincy</b> <b>12 units</b>	<b>Site:</b> None	1450	Total Site:  Total M&E:  Total B.E.:  Total DUs:  Total D.E.:  Total ICAs:  Total SWFs:  Total NDE:  Project Total:					
	<b>Mechanical and Electrical:</b>	1460						
	<b>Building Exterior:</b> None	1460						
	<b>Dwelling Units:</b> None	1460						
	<b>Dwelling Equipment:</b> None	1465.1						
	<b>Interior Common Areas:</b> None	1470						
	<b>Site-Wide Facilities:</b> None	1470						
	<b>Nondwelling Equipment:</b> None	1475						
	<b>Total, Quincy</b>							

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:		
HOUSING AUTHORITY OF GRANT COUNTY		Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:				<b>2007</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-24 Ephrata</b> <b>10 units</b>	<b>Site:</b> None	1450	Total Site:  Total M&E:  Total B.E.:  Total DUs:  Total D.E.:  Total ICAs:  Total SWFs:  Total NDE:  Project Total:					
	<b>Mechanical and Electrical:</b> None	1460						
	<b>Building Exterior:</b> None	1460						
	<b>Dwelling Units:</b> Insulation	1460						
	<b>Dwelling Equipment:</b> None	1465.1						
	<b>Interior Common Areas:</b> None	1470						
	<b>Site-Wide Facilities:</b> None	1470						
	<b>Nondwelling Equipment:</b> None	1475						
	<b>Total, Ephrata</b>							

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part II: Supporting Pages

PHA Name: <b>HOUSING AUTHORITY OF GRANT COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. <b>WA19P014501-</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>14-25 Quincy 10 units</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b> None	1460	Total M&E:					
	<b>Building Exterior:</b> None	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1	10 Total D.E.:					
	<b>Interior Common Areas:</b> None	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b> None	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> None	1475	Total NDE:					
	<b>Total, Quincy</b>		Project Total:					

# Annual Statement /Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name:  <b>HOUSING AUTHORITY OF GRANT COUNTY</b>			Grant Type and Number Capital Fund Program Grant No.: <b>WA19P014501-</b> Replacement Housing Factor Grant No:				Federal FY of Grant:  <b>2007</b>
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TRAINING	09/12/09			09/12/11			
HA-Wide HA WIDE SITE							
" FEES & COSTS	09/12/09			09/12/11			
" AUDIT	09/12/09			09/12/11			
" Non Dwelling Equipment	09/12/09			09/12/11			
" Relocation expense	09/12/09			09/12/11			
14-1 Soap Lake	09/12/09			09/12/11			
14-2 Grand Coulee							
14-3 Ephrata							
14-4 Quincy							
14-5 Quincy							
14-6 Soap Lake							
14-7 Moses Lake	09/12/09			09/12/11			
14-8 Warden							
14-9 Quincy							
14-10 Royal City							
14-11 Warden							
14-12 Grand Coulee	09/12/09			09/12/11			
14-13 Moses Lake							
14-14 Quincy							
14-23 Soap Lake							
14-24 Ephrata							
14-25 Quincy							

## Chapter 4

### APPLICATIONS, WAITING LIST AND TENANT SELECTION

#### INTRODUCTION

When a family wishes to reside in public housing, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all eligible families that apply for public housing on a waiting list. When a unit becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in its Admissions and Continued Occupancy Policy (ACOP) and its annual plan.

The PHA is required to adopt a clear approach to accepting applications, placing families on the waiting list, and selecting families from the waiting list, and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA to receive preferential treatment.

HUD regulations require that the PHA comply with all equal opportunity requirements and it must affirmatively further fair housing goals in the administration of the program [24 CFR 960.103, PH Occ GB p. 13]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families from the waiting list. The PHA's policies for assigning unit size and making unit offers are contained in Chapter 5. Together, Chapters 4 and 5 of the ACOP comprise the PHA's Tenant Selection and Assignment Plan (TSAP).

The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for public housing. It also discusses the process the PHA will use to keep the waiting list current.

Part III: Tenant Selection. This part describes the policies that guide the PHA in selecting families from the waiting list as units become available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

## **PART I: THE APPLICATION PROCESS**

### **4-I.A. OVERVIEW**

This part describes the policies that guide the PHA's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process.

### **4-I.B. APPLYING FOR ASSISTANCE**

Any family that wishes to reside in public housing must apply for admission to the program [24 CFR 1.4(b)(2)(ii), 24 CFR 960.202(a)(2)(iv), and PH Occ GB, p. 68]. HUD permits the PHA to determine the format and content of its applications, as well how such applications will be made available to interested families and how applications will be accepted by the PHA.

#### PHA Policy

Depending upon the length of time that applicants may need to wait to be housed, the PHA may use a one- or two-step application process.

A one-step process will be used when it is expected that a family will be selected from the waiting list within 60 days of the date of application. At application, the family must provide all of the information necessary to establish family eligibility and the amount of rent the family will pay.

A two-step process will be used when it is expected that a family will not be selected from the waiting list for at least 60 days from the date of application. Under the two-step application process, the PHA initially will require families to provide only the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and the amount of rent the family will pay when selected from the waiting list.

Families may obtain application forms from the PHA's office during normal business hours. Families may also request – by telephone or by mail – that a form be sent to the family via first class mail.

Completed applications must be returned to the PHA by mail, by fax, or submitted in person during normal business hours. Applications must be complete in order to be accepted by the PHA for processing. If an application is incomplete, the PHA will notify the family of the additional information required.

### **4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS**

The PHA must take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process.

#### **Disabled Populations [24 CFR 8; PH Occ GB, p. 68]**

The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA

must provide an alternate approach that provides equal access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

### **Limited English Proficiency**

PHAs are required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

### **4-I.D. PLACEMENT ON THE WAITING LIST**

The PHA must review each completed application received and make a preliminary assessment of the family's eligibility. The PHA must place on the waiting list families for whom the list is open unless the PHA determines the family to be ineligible. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 960.208(a); PH Occ GB, p. 41]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list.

#### **Ineligible for Placement on the Waiting List**

##### PHA Policy

If the PHA can determine from the information provided that a family is ineligible, the family **will not** be placed on the waiting list. Where a family is determined to be ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of receiving a completed application. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal hearing and explain the process for doing so (see Chapter 14).

#### **Eligible for Placement on the Waiting List**

##### PHA Policy

The PHA will provide the application with a receipt or send written notification of the preliminary eligibility determination within 10 business days of receiving a completed application. If applicable, the notice will also indicate the waiting list preference for which the family appears to qualify.

Placement on the waiting list does not indicate that the family is, in fact, eligible for admission. A final determination of eligibility and qualification for preferences will be made when the family is selected from the waiting list.

Applicants will be placed on the waiting list according to PHA preference(s) and the date and time their complete application is received by the PHA.

The PHA will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards (see Chapter 5). Families may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines (as long as the unit is not overcrowded according to PHA standards



and local codes). However, in these cases, the family must agree not to request a transfer for two years after admission, unless they have a change in family size or composition.

## **PART II: MANAGING THE WAITING LIST**

### **4-II.A. OVERVIEW**

The PHA must have policies regarding the type of waiting list it will utilize as well as the various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for public housing, and conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how the PHA may structure its waiting list and how families must be treated if they apply for public housing at a PHA that administers more than one assisted housing program.

### **4-II.B. ORGANIZATION OF THE WAITING LIST**

The PHA's public housing waiting list must be organized in such a manner to allow the PHA to accurately identify and select families in the proper order, according to the admissions policies described in this ACOP.

#### PHA Policy

The waiting list will contain the following information for each applicant listed:

- Name and social security number of head of household, if applicable

- Unit size required (number of family members)

- Amount and source of annual income

- Accessibility requirement, if any

- Date and time of application or application number

- Household type (family, elderly, disabled)

- Admission preference, if any

- Race and ethnicity of the head of household

- The specific site(s) selected (only if PHA offers site-based waiting lists)

The PHA may adopt one community-wide waiting list or site-based waiting lists. The PHA must obtain approval from HUD through submission of its Annual Plan before it may offer site-based waiting lists. Site-based waiting lists allow families to select the development where they wish to reside and must be consistent with all applicable civil rights and fair housing laws and regulations [24 CFR 903.7(b)(2)].

#### PHA Policy

The PHA will maintain a site-based waiting list system, with separate waiting lists for each of the following sites within the PHA's public housing stock:

- Moses Lake

- Ephrata

Soap Lake  
Grand Coulee  
Quincy  
Warden  
Royal City

HUD directs that a family that applies to reside in public housing must be offered the opportunity to be placed on the waiting list for any tenant-based or project-based voucher or moderate rehabilitation program that the PHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs [24 CFR 982.205(a)(2)(i)].

HUD permits, but does not require, that PHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs [24 CFR 982.205(a)(1)].

#### PHA Policy

The PHA will not merge the public housing waiting list with the waiting list for any other program the PHA operates.

### **4-II.C. OPENING AND CLOSING THE WAITING LIST**

#### **Closing the Waiting List**

The PHA is permitted to close the waiting list, in whole or in part, if it has an adequate pool of families to fill its developments. The PHA may close the waiting list completely, or restrict intake by preference, type of project, or by size and type of dwelling unit. [PH Occ GB, p. 31].

#### PHA Policy

The PHA **may** close the waiting list when the estimated waiting period for housing applicants on the list reaches 24 months for the most current applicants. Where the PHA has particular preferences or other criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

#### **Reopening the Waiting List**

If the waiting list has been closed, it may be reopened at any time. The PHA should publish a notice in local newspapers of general circulation, minority media, and other suitable media outlets that the PHA is reopening the waiting list. Such notice must comply with HUD fair housing requirements. The PHA should specify who may apply, and where and when applications will be received.

#### PHA Policy

The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice. The notice will specify where, when, and how applications are to be received.

The PHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

*Local Newspapers*

*Local Radio Stations*

*Minority Publications.*

#### **4-II.D. FAMILY OUTREACH [24 CFR 903.2(d); 24 CFR 903.7(a) and (b)]**

The PHA should conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to fill anticipated vacancies and to assure that the PHA is affirmatively furthering fair housing and complying with the Fair Housing Act.

Because HUD requires the PHA to serve a specified percentage of extremely low income families, the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for public housing.

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of units under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

##### PHA Policy

The PHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the PHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

#### **4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES**

##### PHA Policy

While the family is on the waiting list, the family must inform the PHA, within 10 business days, of changes in family size or composition, preference status, or contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing or verbally.

Changes in an applicant's circumstances while on the waiting list may affect the family's qualification for a particular bedroom size or entitlement to a preference. When an applicant reports a change that affects their placement on the waiting list, the waiting list will be updated accordingly.

#### **4-II.F. UPDATING THE WAITING LIST**

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list [24 CFR 960.202(a)(2)(iv)].

##### **Purging the Waiting List**

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to the PHA's request for information or updates because of the family member's disability, the PHA must, upon the family's request, reinstate the applicant family to their former position on the waiting list as a reasonable accommodation [24 CFR 8.4(a), 24 CFR 100.204(a), and PH Occ GB, p. 39 and 40]. See Chapter 2 for further information regarding reasonable accommodations.

##### PHA Policy

The waiting list will be updated as needed to ensure that applicants and information is current and timely.

If needed, to update the waiting list, the PHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the PHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the PHA not later than 15 business days from the date of the PHA letter.

If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent. If the family fails to respond within this time frame, the family will be removed from the waiting list without further notice.

When a family is removed from the waiting list during the update process for failure to respond, no informal hearing will be offered. Such failures to act on the part of the applicant prevent the PHA from making an eligibility determination; therefore no informal hearing is required.

If a family is removed from the waiting list for failure to respond, the Risk Manager or Property Manager may reinstate the family if s/he determines the lack of response was due to PHA error, or to circumstances beyond the family's control.

### **Removal from the Waiting List**

#### PHA Policy

The PHA will remove applicants from the waiting list if they have requested that their name be removed verbally or in writing. In such cases no informal hearing is required.

If the PHA determines that the family is not eligible for admission (see Chapter 3) at any time while the family is on the waiting list the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for admission, a notice will be sent to the family's address of record. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal hearing regarding the PHA's decision (see Chapter 14) [24 CFR 960.208(a)].

## **PART III: TENANT SELECTION**

### **4-III.A. OVERVIEW**

The PHA must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. The PHA must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. The PHA must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 960.206(e)(2)]. The PHA's policies must be posted any place where the PHA receives applications. The PHA must provide a copy of its tenant selection policies upon request to any applicant or tenant. The PHA may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c)(2)].

#### PHA Policy

When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge.

### **4-III.B. SELECTION METHOD**

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

#### **Local Preferences [24 CFR 960.206]**

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

#### PHA Policy

The PHA will use the following local preferences:

1. Residency Preference – for families who must be living, and be able to provide proof of such, work or have been hired to work or who are attending school or are participating in training programs in Grant County.
2. Elderly or Disabled Singles – Single applicants who are elderly or disabled will be given a selection priority over all other single applicants, regardless of preference status.

“Other singles” denotes a one-person household in which the individual member is neither elderly, or disabled. Such applicants will be placed on the waiting list in accordance with their preferences, but cannot be selected for assistance before any elderly or disabled one-person family regardless of local preferences.

### **Income Targeting Requirement [24 CFR 960.202(b)]**

HUD requires that extremely low-income (ELI) families make up at least 40% of the families admitted to public housing during the PHA’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA’s HCV program during a PHA fiscal year that exceed the 75% minimum target requirement for the voucher program, shall be credited against the PHA’s basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA’s housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

#### **PHA Policy**

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

### **Mixed Population Developments [24 CFR 960.407]**

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. The PHA must give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. The PHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, the PHA must first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. The PHA may not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

### **Units Designated for Elderly or Disabled Families [24 CFR 945]**



The PHA may designate projects or portions of a public housing project specifically for elderly or disabled families. The PHA must have a HUD-approved allocation plan before the designation may take place.

Among the designated developments, the PHA must also apply any preferences that it has established. If there are not enough elderly families to occupy the units in a designated elderly development, the PHA may allow near-elderly families to occupy the units [24 CFR 945.303(c)(1)]. Near-elderly family means a family whose head, spouse, or cohead is at least 50 years old, but is less than 62 [24 CFR 5.403].

If there are an insufficient number of elderly families and near-elderly families for the units in a development designated for elderly families, the PHA must make available to all other families any unit that is ready for re-rental and has been vacant for more than 60 consecutive days [24 CFR 945.303(c)(2)].

The decision of any disabled family or elderly family not to occupy or accept occupancy in designated housing shall not have an adverse affect on their admission or continued occupancy in public housing or their position on or placement on the waiting list. However, this protection does not apply to any family who refuses to occupy or accept occupancy in designated housing because of the race, color, religion, sex, disability, familial status, or national origin of the occupants of the designated housing or the surrounding area [24 CFR 945.303(d)(1) and (2)].

This protection does apply to an elderly family or disabled family that declines to accept occupancy, respectively, in a designated project for elderly families or for disabled families, and requests occupancy in a general occupancy project or in a mixed population project [24 CFR 945.303(d)(3)].

#### PHA Policy

The PHA has one development (14-12, Grand Coulee Senior Manor), that is designated elderly/disabled.

#### **Deconcentration of Poverty and Income-Mixing [24 CFR 903.1 and 903.2]**

The PHA's admission policy must be designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. A statement of the PHA's deconcentration policies must be included in its annual plan [24 CFR 903.7(b)].

The PHA's deconcentration policy must comply with its obligation to meet the income targeting requirement [24 CFR 903.2(c)(5)].

Developments subject to the deconcentration requirement are referred to as 'covered developments' and include general occupancy (family) public housing developments. The following developments are not subject to deconcentration and income mixing requirements: developments operated by a PHA with fewer than 100 public housing units; mixed population or developments designated specifically for elderly or disabled families; developments operated by a PHA with only one general occupancy development; developments approved for demolition or for conversion to tenant-based public housing; and developments approved for a mixed-finance plan using HOPE VI or public housing funds [24 CFR 903.2(b)].

For developments with average incomes outside the EIR the PHA will take the following actions to provide for deconcentration of poverty and income mixing:

The PHA shall adhere to the following policies for deconcentration of poverty and income mixing in applicable developments:

Skipping a family on the waiting list (or transfer list) to reach another family in an effort to further the goals of the PHA's deconcentration policy:

If a unit becomes available at a development below the EIR, the first eligible family on the waiting list (or transfer list) with income above the EIR will be offered a unit. If that family refuses the unit, the next eligible family on the waiting list (or transfer list) with income above the EIR will be offered the unit. The process will continue in this order. For the available unit at the development below the EIR, if there is no family on the waiting list (or transfer list) with income above the EIR, or no family with income above the EIR accepts the offer, then the unit will be offered to the first eligible family on the waiting list (or transfer list) in preference order regardless of income.

If a unit becomes available at a development above the EIR, the first eligible family on the waiting list (or transfer list) with income below the EIR will be offered a unit. If that family refuses the unit, the next eligible family on the waiting list (or transfer list) with income below the EIR will be offered the unit. The process will continue in this order. For the available unit at the development above the EIR, if there is no family on the waiting list (or transfer list) with income below the EIR, or no family with income below the EIR accepts the offer, then the unit will be offered to the first eligible family on the waiting list (or transfer list) in preference order regardless of income.

Skipping of families for deconcentration purposes will be applied uniformly to all families.

A family has the sole discretion whether to accept an offer of a unit made under the PHA's deconcentration policy. The PHA shall not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the PHA's deconcentration policy. However, the PHA shall uniformly limit the number of offers received by applicants (and families), described in this Chapter.

### **Order of Selection [24 CFR 960.206(e)]**

The PHA system of preferences may select families either according to the date and time of application or by a random selection process.

#### **PHA Policy**

Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA.

When selecting applicants from the waiting list the PHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. The PHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features.

By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status.

Factors such as deconcentration or income mixing and income targeting will also be considered in accordance with HUD requirements and PHA policy.

#### **4-III.C. NOTIFICATION OF SELECTION**

When the family has been selected from the waiting list, the PHA must notify the family.

##### PHA Policy

The PHA will notify the family by first class mail when it is selected from the waiting list.

The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

- Who is required to attend the interview

- Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation

- Documents that must be provided at the interview to document eligibility for a preference, if applicable

- Other documents and information that should be brought to the interview

If a notification letter is returned to the PHA with no forwarding address, the family will be removed from the waiting list without further notice. Such failure to act on the part of the applicant prevents the PHA from making an eligibility determination; therefore no informal hearing will be offered.

#### **4-III.D. THE APPLICATION INTERVIEW**

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination through a private interview. Being invited to attend an interview does not constitute admission to the program.

Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability [24 CFR 8.4(a) and 24 CFR 100.204(a)].

##### PHA Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the PHA.

The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference (see Chapter 7). If the family is verified as eligible for the preference, the PHA will proceed with the interview. If the PHA determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to the date and time of their application.

The family must provide the information necessary to establish the family's eligibility, including suitability, and to determine the appropriate amount of rent the family will pay. The family must also complete required forms, provide required signatures, and submit required documentation. If any materials are missing, the PHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (see Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, the PHA will provide translation services in accordance with the PHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the PHA in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, the PHA will send a notification of cancellation letter. Applicants who fail to attend an interview without PHA approval, good cause i.e. health, family emergency, etc., will have their applications made inactive based on the family's failure to supply information needed to determine eligibility.

#### **4-III.E. FINAL ELIGIBILITY DETERMINATION [24 CFR 960.208]**

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information related to the eligibility requirements, including PHA suitability standards, the PHA must make a final determination of eligibility (see Chapter 3).

When a determination is made that a family is eligible and satisfies all requirements for admission, including tenant selection criteria, the applicant must be notified of the approximate date of occupancy insofar as that date can be reasonably determined [24 CFR 960.208(b)].

### PHA Policy

The PHA will notify a family in writing of their eligibility within 10 business days of the determination and will provide the approximate date of occupancy insofar as that date can be reasonably determined.

The PHA must promptly notify any family determined to be ineligible for admission of the basis for such determination, and must provide the applicant upon request, within a reasonable time after the determination is made, with an opportunity for an informal hearing on such determination [24 CFR 960.208(a)].

### PHA Policy

If the PHA determines that the family is ineligible, the PHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal hearing (see Chapter 14).

If the PHA uses a criminal record or sex offender registration information obtained under 24 CFR 5, Subpart J, as the basis of a denial, a copy of the record must precede the notice to deny, with an opportunity for the applicant to dispute the accuracy and relevance of the information before the PHA can move to deny the application. See Section 3-III.F. for the PHA's policy regarding such circumstances.

HOUSING AUTHORITY OF GRANT COUNTY  
APPROVED 2007 BUDGET

Income	HUD
Gross Potential Rents	\$ 600,000.00
Rental Utilities	
CFP Revenue	
Subsidy/Admin Fee	\$ 419,000.00
Vacancy Rate	\$ 0.05
Less Vacancy Rate	\$ (30,000.00)
Excess Utilities	\$ 100.00
Non Dwelling Rent	\$ -
Interest Income	\$ 32,000.00
Late Charge Income	\$ 2,605.00
Other Income	\$ -
Damage Income	\$ 11,354.00
NSF Charge Income	\$ 150.00
Pet Deposit Income	
Cable Income	\$ 5,923.00
Attorney fee reimb	\$ -
Misc Income	\$ 930.00
Application Fees	
Lawn Care Income	
Loan Fee Income	
Developer Fee Income/Dawn Village	
Total Anticipated Revenue	\$ 1,042,062.05

Expense	HUD
Management Wages&Benefits	\$ 156,650.35
Administrative Wages & Benefits	\$ 147,337.03
Resident Mgr Wages & Benefits	\$ 47,312.69
Maintenance Wages & Benefits	\$ 183,218.89
Capital Fund Wages&Benefits	\$ -
Legal Expense	\$ 15,000.00
Staff Training	\$ 10,000.00
Travel	\$ 1,500.00
Accounting Fees	\$ 22,000.00
Audit	\$ 9,532.00
Advertising	\$ 5,000.00
Publications	\$ 2,601.00
Membership Dues & Fees	\$ 2,881.00
Telephone	\$ 9,000.00
Office Space Rent	\$ 2,500.00
Office Supplies	\$ 8,000.00
Postage	\$ 2,362.00
Sundry Other	\$ 4,878.00
Cable	\$ 4,363.00
Computer Network	\$ 6,792.00

Water	\$	90,000.00
Sewer	\$	68,000.00
Electricity	\$	16,000.00
Garage	\$	40,000.00
Materials	\$	60,000.00
Vehicle Maint. Supplies	\$	11,000.00
Maint Roads & Grounds	\$	2,000.00
Maint Small tools	\$	2,362.00
Contract Services Maint,Veh,R&G	\$	50,000.00
Office Contracts	\$	4,343.00
HQS Inspections		
Contract Lead	\$	412.00
Protective Service	\$	-
Other General Expense	\$	-
Insurance	\$	36,000.00
Relocation Expense	\$	-
Assessments & Taxes	\$	1,800.00
Special Assessments(PILOT)	\$	-
Portable Admin Fee	\$	-
HAP Payments	\$	-
Collection Loss 2%	\$	2,500.00
Repossession Expenses	\$	-
Network Upgrade		
Total Expense	\$	-
Net Operating Income	\$	16,717.08

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## Chapter 11

### COMMUNITY SERVICE

#### INTRODUCTION

This chapter explains HUD regulations requiring PHAs to implement a community service program for all non-exempt adults living in public housing.

This chapter describes HUD regulations and PHA policies related to these topics in two parts:

Part I: Community Service Requirements. This part describes who is subject to the community service requirement, who is exempt, and HUD's definition of economic self-sufficiency.

Part II: PHA Implementation of Community Service. This part provides PHA policy regarding PHA implementation and program design.

#### PART I: COMMUNITY SERVICE REQUIREMENT

##### 11-I.A. OVERVIEW

HUD regulations pertaining to the community service requirement are contained in 24 CFR 960 Subpart F (960.600 through 960.609). PHAs and residents must comply with the community service requirement, effective with PHA fiscal years that commenced on or after October 1, 2000. Per 903.7(1)(1)(iii), the PHA Plan must contain a statement of the how the PHA will comply with the community service requirement, including any cooperative agreement that the PHA has entered into or plans to enter into.

Community service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities [24 CFR 960.601(b)].

In administering community service requirements, the PHA must comply with all nondiscrimination and equal opportunity requirements [24 CFR 960.605(c)(5)].

##### 11-I.B. REQUIREMENTS

Each adult resident of the PHA, who is not exempt, must [24 CFR 960.603(a)]:

- Contribute 8 hours per month of community service; or
- Participate in an economic self-sufficiency program (as defined in the regulations) for 8 hours per month; or
- Perform 8 hours per month of combined activities (community service and economic self-sufficiency programs).

##### PHA Policy

An individual **may not** skip a month and then double up the following month, unless special circumstances warrant it. The PHA will make the determination of whether to

permit a deviation from the schedule.

Individuals who have special circumstances which they believe will prevent them from completing the required community service hours for a given month, must notify the PHA in writing within 5 business days of the circumstances becoming known. The PHA will review the request and notify the individual, in writing, of its determination within 10 business days. The PHA may require those individuals to provide documentation to support their claim.

## **Definitions**

### ***Exempt Individual [24 CFR 960.601(b)]***

An *exempt individual* is an adult who:

- Is age 62 years or older
- Is blind or disabled (as defined under section 216[i][I] or 1614 of the Social Security Act), and who certifies that because of this disability s/he is unable to comply with the service provisions
- Is a primary caretaker of such an individual
- Is engaged in work activities

### **PHA Policy**

The PHA will consider 20 hours per week as the minimum number of hours needed to qualify for a work activity exemption.

- Meets the requirements for being exempted from having to engage in a work activity under the state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program; or
- Is in a family receiving assistance under a state program funded under part A of title IV of the Social Security Act, or under any other welfare program of the state in which the PHA is located, including a state-administered welfare-to-work program, and has not been found by the state or other administering entity to be in noncompliance with such program.

### ***Community Service [PH Occ GB, p. 174]***

*Community service* is volunteer work which includes, but is not limited to:

- Work at a local institution including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization that serves PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H programs, PAL, Garden Center, community clean-up programs, beautification programs, other youth or senior organizations
- Work at the PHA to help improve physical conditions
- Work at the PHA to help with children's programs

- Work at the PHA to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems, serving as an officer in a resident organization, serving on the resident advisory board
- Caring for the children of other residents so they may volunteer

NOTE: Political activity is excluded for purposes of eligible community service activities.

***Economic Self-Sufficiency Program [24 CFR 5.603(b)]***

For purposes of satisfying the community service requirement, an *economic self-sufficiency program* is defined by HUD as: Any program designed to encourage, assist, train, or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeships (formal or informal), or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

***Work Activities [42 U.S.C. 607(d)]***

As it relates to an exemption from the community service requirement, *work activities* means:

- Unsubsidized employment
- Subsidized private sector employment
- Subsidized public sector employment
- Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available
- On-the-job training
- Job search and job readiness assistance
- Community service programs
- Vocational educational training (not to exceed 12 months with respect to any individual)
- Job skills training directly related to employment
- Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency
- Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate
- Provision of child care services to an individual who is participating in a community service program

## **Notification Requirements [24 CFR 960.605(c)(2)]**

The PHA must give each family a written description of the community service requirement, the process for claiming status as an exempt person, and the process for PHA verification of exempt status. The PHA must also notify the family of its determination identifying the family members who are subject to the service requirement, and the family members who are exempt.

### **PHA Policy**

The PHA will provide the family with a copy of the Community Service Policy found in Exhibit 11-1 of this chapter, at lease-up, lease renewal, when a family member is determined to be subject to the community service requirement during the lease term, and at any time upon the family's request.

On an annual basis, at the time of lease renewal, the PHA will notify the family in writing of the family members who are subject to the community service requirement and the family members who are exempt. If the family includes non-exempt individuals the notice will include a list of agencies in the community that provide volunteer and/or training opportunities, as well as a documentation form on which they may record the activities they perform and the number of hours contributed. The form will also have a place for a signature by an appropriate official, who will certify to the activities and hours completed.

## **11-I.C. DETERMINATION OF EXEMPTION STATUS AND COMPLIANCE [24 CFR 960.605(c)(3)]**

The PHA must review and verify family compliance with service requirements annually at least thirty days before the end of the twelve month lease term. The policy for documentation and verification of compliance with service requirements may be found at Section 11-I.D., Documentation and Verification.

### **Annual Determination**

#### ***Determination of Exemption Status***

An exempt individual is excused from the community service requirement [24 CFR 960.603(a)].

### **PHA Policy**

At least 60 days prior to lease renewal, the PHA will review and verify the exemption status of all adult family members. This verification will only be done on an annual basis unless the family reports a change or the PHA has reason to believe that an individual's exemption status has changed. For individuals who are exempt because they are 62 years of age and older, verification of exemption status will be done only at the initial examination.

Upon completion of the verification process, the PHA will notify the family of its determination in accordance with the policy in Section 11-I.B., Notification Requirements.

### ***Determination of Compliance***

The PHA must review resident family compliance with service requirements annually at least thirty days before the end of the twelve month lease term [24 CFR 960.605(c)(3)]. As part of this review, the PHA must verify that any family member that is not exempt from the community service requirement has met his or her service obligation.

#### **PHA Policy**

Approximately 60 days prior to the end of the lease term, the PHA will provide written notice requiring the family to submit documentation that all subject family members have complied with the service requirement. The family will have 10 business days to submit the PHA required documentation form(s).

If the family fails to submit the required documentation within the required timeframe, or PHA approved extension, the subject family members will be considered noncompliant with community service requirements, and notices of noncompliance will be issued pursuant to the policies in Section 11-I.E., Noncompliance.

### **Change in Status Between Annual Determinations**

#### **PHA Policy**

##### **Exempt to Non-Exempt Status**

If an exempt individual becomes non-exempt during the twelve month lease term, it is the family's responsibility to report this change to the PHA within 10 business days.

Within 10 business days of a family reporting such a change, or the PHA determining such a change is necessary, the PHA will provide written notice of the effective date of the requirement, as well as a documentation form on which the family member may record the activities performed and number of hours contributed.

The effective date of the community service requirement will be the first of the month following 30 day notice.

##### **Non-Exempt to Exempt Status**

If a non-exempt person becomes exempt during the twelve month lease term, it is the family's responsibility to report this change to the PHA within 10 business days. Any claim of exemption will be verified by the PHA in accordance with the policy at 11-I.D., Documentation and Verification of Exemption Status.

Within 10 business days of a family reporting such a change, or the PHA determining such a change is necessary, the PHA will provide the family written notice that the family member is no longer subject to the community service requirement, if the PHA is able to verify the exemption.

The exemption will be effective immediately.

### **11-I.D. DOCUMENTATION AND VERIFICATION [24 CFR 960.605(c)(4)]**

The PHA must retain reasonable documentation of service requirement performance or exemption in participant files.

### **Documentation and Verification of Exemption Status**

#### PHA Policy

All family members who claim they are exempt from the community service requirement will be required to sign the community service exemption certification form found in Exhibit 11-3. The PHA will provide a completed copy to the family and will keep a copy in the tenant file.

The PHA will verify that an individual is exempt from the community service requirement by following the verification hierarchy and documentation requirements in Chapter 7.

The PHA makes the final determination whether or not to grant an exemption from the community service requirement. If a resident does not agree with the PHA's determination, s/he can dispute the decision through the PHA's grievance procedures (see Chapter 14).

### **Documentation and Verification of Compliance**

If qualifying community service activities are administered by an organization other than the PHA, a family member who is required to fulfill a service requirement must provide certification to the PHA, signed by the organization, that the family member has performed the qualifying activities [24 CFR 960.607].

#### PHA Policy

If anyone in the family is subject to the community service requirement, the PHA will provide the family with community service documentation forms at admission, at lease renewal, when a family member becomes subject to the community service requirement during the lease term, or upon request by the family.

Each individual who is subject to the requirement will be required to record their community service or self-sufficiency activities and the number of hours contributed on the required form. The certification form will also include places for signatures and phone numbers of supervisors, instructors, and counselors certifying to the number of hours contributed.

Families will be required to submit the documentation to the PHA, upon request by the PHA.

If the PHA has reasonable cause to believe that the certification provided by the family is false or fraudulent, the PHA has the right to require third-party verification.

## **11-I.E. NONCOMPLIANCE**

### **Initial Noncompliance**

The lease specifies that it is renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the service requirement is grounds for nonrenewal of the lease at the end of the twelve month lease term, but not for termination of tenancy during the course of the twelve month lease term [24 CFR 960.603(b)].

If the tenant or another family member has violated the community service requirement, the PHA may not renew the lease upon expiration of the twelve-month term of the lease, unless the tenant and any other noncompliant family member enter into a written agreement with the PHA. Under this agreement the tenant or noncompliant family member must agree to cure the noncompliance by completing the additional hours of community service or economic self-sufficiency needed to make up the total number of hours required, over the twelve-month term of the new lease. In addition, all other members of the family who are subject to the service requirement must be currently complying with the service requirement or must no longer be residing in the unit [24 CFR 960.607(c)].

#### ***Notice of Initial Noncompliance [24 CFR 960.607(b)]***

If the PHA determines that there is a family member who is required to fulfill a service requirement, but who has failed to comply with this obligation (noncompliant resident), the PHA must notify the tenant of this determination.

The notice to the tenant must briefly describe the noncompliance. The notice must state that the PHA will not renew the lease at the end of the twelve-month lease term unless the tenant, and any other noncompliant resident, enter into a written agreement with the PHA to cure the noncompliance, or the family provides written assurance satisfactory to the PHA that the tenant or other noncompliant resident no longer resides in the unit.

The notice must also state that the tenant may request a grievance hearing on the PHA's determination, in accordance with the PHA's grievance procedures, and that the tenant may exercise any available judicial remedy to seek timely redress for the PHA's nonrenewal of the lease because of the PHA's determination.

#### **PHA Policy**

The notice of initial noncompliance will be sent at least 45 days prior to the end of the lease term.

The family will have 10 business days from the date of the notice of noncompliance to enter into a written agreement to cure the noncompliance over the 12 month term of the new lease, provide documentation that the noncompliant resident no longer resides in the unit, or to request a grievance hearing.

If the family reports that a noncompliant family member is no longer residing in the unit, the family must provide documentation that the family member has actually vacated the unit before the PHA will agree to continued occupancy of the family. Documentation must consist of a certification signed by the head of household as well as evidence of the current address of the family member that previously resided with them.

If the family does not request a grievance hearing, or does not take either corrective action required by the notice of noncompliance within the required 10 business day timeframe, the PHA will terminate tenancy in accordance with the policies in Section 13-IV.D.

### **Continued Noncompliance [24 CFR 960.607(b)]**

If, after the 12 month cure period, the family member is still not compliant, the PHA must terminate tenancy of the entire family, according to the PHA's lease, unless the family provides documentation that the noncompliant resident no longer resides in the unit.

#### **PHA Policy**

Notices of continued noncompliance will be sent at least 30 days prior to the end of the lease term and will also serve as the family's termination notice. The notice will meet the requirements for termination notices described in Section 13-IV.D, Form, Delivery, and Content of the Notice.

The family will have 10 business days from the date of the notice of non-compliance to provide documentation that the noncompliant resident no longer resides in the unit, or to request a grievance hearing.

If the family reports that a noncompliant family member is no longer residing in the unit, the family must provide documentation that the family member has actually vacated the unit before the PHA will agree to continued occupancy of the family. Documentation must consist of a certification signed by the head of household as well as evidence of the current address of the noncompliant family member that previously resided with them.

If the family does not request a grievance hearing, or provide such documentation within the required 10 business day timeframe, the family's lease and tenancy will automatically terminate at the end of the current lease term without further notice.



## **PART II: IMPLEMENTATION OF COMMUNITY SERVICE**

### **11-II.A. OVERVIEW**

Each PHA must develop a policy for administration of the community service and economic self-sufficiency requirements for public housing. It is in the PHA's best interests to develop a viable, effective community service program, to provide residents the opportunity to engage in the community and to develop competencies.

#### **PHA Implementation of Community Service**

The PHA may not substitute any community service or self-sufficiency activities performed by residents for work ordinarily performed by PHA employees, or replace a job at any location where residents perform activities to satisfy the service requirement [24 CFR 960.609].

##### PHA Policy

The PHA will notify its insurance company if residents will be performing community service at the PHA. In addition, the PHA will ensure that the conditions under which the work is to be performed are not hazardous.

If a disabled resident certifies that s/he is able to perform community service, the PHA will ensure that requests for reasonable accommodation are handled in accordance with the policies in Chapter 2.

#### **PHA Program Design**

The PHA may administer qualifying community service or economic self-sufficiency activities directly, or may make community service activities available through a contractor, or through partnerships with qualified organizations, including resident organizations, and community agencies or institutions [24 CFR 960.605(b)].

##### PHA Policy

The PHA will attempt to provide the broadest choice possible to residents as they choose community service activities.

The PHA's goal is to give residents viable opportunities to become involved in the community and to gain competencies and skills. The PHA will help work with resident's in providing suggestions for agencies they may contact to fulfill their community service obligations.

## **EXHIBIT 11-1: COMMUNITY SERVICE AND SELF-SUFFICIENCY POLICY**

### **A. Background**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self-sufficiency and economic independence. This is a requirement of the public housing lease.

### **B. Definitions**

**Community Service** – volunteer work which includes, but is not limited to:

- Work at a local institution, including but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
- Work with a nonprofit organization such as: Parks and Recreation, United Way, Red Cross, Volunteers of America, Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other counseling, aid, youth or senior organizations
- Work at the housing authority to help with litter control
- Work at the housing authority to help with children's programs
- Work at the housing authority to help with senior programs
- Helping neighborhood groups with special projects
- Working through a resident organization to help other residents with problems
- Serving as an officer in a resident organization
- Serving on the Resident Advisory Board
- Caring for children of other residents so they may volunteer

**NOTE:** Political activity is excluded.

**Self-Sufficiency Activities** – activities that include, but are not limited to:

- Job readiness programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Apprenticeships
- Budgeting and credit counseling
- Any kind of class that helps a person toward economic independence

- Student status at any school, college or vocation school

**Exempt Adult** – an adult member of the family who meets any of the following criteria:

- Is 62 years of age or older
- Is blind or a person with disabilities (as defined under section 216[i][I] or 1614 of the Social Security Act), and who certifies that because of this disability he or she is unable to comply with the service provisions, or is the primary caretaker of such an individuals
- Is working at least 20 hours per week
- Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program including a State-administered welfare-to-work program
- Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program

### **C. Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The housing authority will make the determination of whether to allow or disallow a deviation from the schedule based on a family's written request.
3. Family obligation:
  - At lease execution, all adult members (18 or older) of a public housing resident family must:
    - Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the community service requirement will result in a nonrenewal of their lease; and
    - Declare if they are exempt. If exempt, they must complete the Exemption Form (Exhibit 11-3) and provide documentation of the exemption.
  - Upon written notice from the PHA, non-exempt family members must present complete documentation of activities performed during the applicable lease term. This documentation will include places for signatures of supervisors, instructors, or counselors, certifying to the number of hours contributed.
  - If a family member is found to be noncompliant at the end of the 12-month lease term, he or she, and the head of household, will be required to sign an agreement with the housing authority to make up the deficient hours over the next twelve (12) month period, as a condition of continued occupancy.
4. Change in exempt status:

- If, during the twelve (12) month lease period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and provide documentation of exempt status.
- If, during the twelve (12) month lease period, an exempt person becomes non-exempt, it is his or her responsibility to report this to the PHA. Upon receipt of this information the PHA will provide the person with the appropriate documentation form(s) and a list of agencies in the community that provide volunteer and/or training opportunities.

#### **D. Authority Obligation**

1. To the greatest extent possible and practicable, the PHA will:
  - Provide names and contacts at agencies that can provide opportunities for residents, including residents with disabilities, to fulfill their community service obligations.
  - Provide in-house opportunities for volunteer work or self-sufficiency activities.
2. The PHA will provide the family with a copy of this policy, and all applicable exemption verification forms and community service documentation forms, at lease-up, lease renewal, when a family member becomes subject to the community service requirement during the lease term, and at any time upon the family's request.
3. Although exempt family members will be required to submit documentation to support their exemption, the PHA will verify the exemption status in accordance with its verification policies. The PHA will make the final determination as to whether or not a family member is exempt from the community service requirement. Residents may use the PHA's grievance procedure if they disagree with the PHA's determination.
4. Noncompliance of family member:
  - At least thirty(30) days prior to the end of the 12-month lease term, the PHA will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If, at the end of the initial 12-month lease term under which a family member is subject to the community service requirement, the PHA finds the family member to be noncompliant, the PHA will not renew the lease unless:
    - The head of household and any other noncompliant resident enter into a written agreement with the PHA, to make up the deficient hours over the next twelve (12) month period; or
    - The family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit.
  - If, at the end of the next 12-month lease term, the family member is still not compliant, a 30-day notice to terminate the lease will be issued and the entire family will have to vacate, unless the family provides written documentation satisfactory to the PHA that the noncompliant family member no longer resides in the unit;
  - The family may use the PHA's grievance procedure to dispute the lease termination.

All adult family members must sign and date below, certifying that they have read and received a copy of this Community Service and Self-Sufficiency Policy.

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Resident

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Date

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Resident

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Date

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Resident

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Date

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Resident

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Date



<p align="center"><b>EXHIBIT 11-2: DEFINITION OF A PERSON WITH A DISABILITY UNDER SOCIAL SECURITY ACTS 216(i)(1) and Section 1416(excerpt) FOR PURPOSES OF EXEMPTION FROM COMMUNITY SERVICE</b></p>
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**Social Security Act:**

**216(i)(1):** Except for purposes of sections 202(d), 202(e), 202(f), 223, and 225, the term “disability” means (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, or (B) blindness; and the term “blindness” means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of this paragraph as having a central visual acuity of 20/200 or less.

**Section 1416 (excerpt):**

SEC. 1614. [42 U.S.C. 1382c] (a)(1) For purposes of this title, the term “aged, blind, or disabled individual” means an individual who—

(A) is 65 years of age or older, is blind (as determined under paragraph (2)), or is disabled (as determined under paragraph (3)), and

(B)(i) is a resident of the United States, and is either (I) a citizen or (II) an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (including any alien who is lawfully present in the United States as a result of the application of the provisions of section 212(d)(5) of the Immigration and Nationality Act), or

(ii) is a child who is a citizen of the United States and, who is living with a parent of the child who is a member of the Armed Forces of the United States assigned to permanent duty ashore outside the United States.

(2) An individual shall be considered to be blind for purposes of this title if he has central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of the first sentence of this subsection as having a central visual acuity of 20/200 or less. An individual shall also be considered to be blind for purposes of this title if he is blind as defined under a State plan approved under title X or XVI as in effect for October 1972 and received aid under such plan (on the basis of blindness) for December 1973, so long as he is continuously blind as so defined.

(3)(A) Except as provided in subparagraph (C), an individual shall be considered to be disabled for purposes of this title if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months.





<b>EXHIBIT 11-3: PHA DETERMINATION OF EXEMPTION FOR COMMUNITY SERVICE</b>
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Family: \_\_\_\_\_

Adult family member: \_\_\_\_\_

This adult family member meets the requirements for being exempted from the PHA's community service requirement for the following reason:

- ☐ 62 years of age or older. (*Documentation of age in file*)
- ☐ Is a person with disabilities and self-certifies below that he or she is unable to comply with the community service requirement. (*Documentation of HUD definition of disability in file*)

**Tenant certification:** I am a person with disabilities and am unable to comply with the community service requirement.

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

- ☐ Is the primary caretaker of such an individual in the above category. (*Documentation in file*)
- ☐ Is working at least 20 hours per week. (*Employment verification in file*)
- ☐ Is participating in a welfare-to-work program. (*Documentation in file*).
- ☐ Meets the requirements for being exempted from having to engage in a work activity under TANF or any other State welfare program, including a State-administered welfare-to-work program (*Documentation in file*)
- ☐ Is a member of a family receiving assistance, benefits or services under TANF or any other State welfare program and has not been found to be in noncompliance with such program. (*Documentation in file*)

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHA Official

\_\_\_\_\_  
Date

## **Chapter 10**

### **PETS**

[24 CFR 5, Subpart C; 24 CFR 960, Subpart G]

#### **INTRODUCTION**

This chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policies. The rules adopted are reasonably related to the legitimate interest of the PHA to provide a decent, safe and sanitary living environment for all tenants, and to protect and preserve the physical condition of the property, as well as the financial interest of the PHA.

The chapter is organized as follows:

Part I: Assistance Animals. This part explains the difference between assistance animals and pets and contains policies related to the designation of an assistance animal as well as their care and handling.

Part II: Pet policies for all developments. This part includes pet policies that are common to both elderly/disabled developments and general occupancy developments.

Part III: Pet deposits and fees for elderly/disabled developments. This part contains policies for pet deposits and fees that are applicable to elderly/disabled developments.

Part IV: Pet deposits and fees for general occupancy developments. This part contains policies for pet deposits and fees that are applicable to general occupancy developments.

## **PART I: ASSISTANCE ANIMALS**

[Section 504; Fair Housing Act (42 U.S.C.); 24 CFR 5.303]

### **10-I.A. OVERVIEW**

This part discusses situations under which permission for an assistance animal may be denied, and also establishes standards for the care of assistance animals.

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals – often referred to as “service animals,” “assistive animals,” “support animals,” or “therapy animals” – perform many disability-related functions, including but not limited to the following:

- Guiding individuals who are blind or have low vision
- Alerting individuals who are deaf or hearing impaired
- Providing minimal protection or rescue assistance
- Pulling a wheelchair
- Fetching items
- Alerting persons to impending seizures
- Providing emotional support to persons with disabilities who have a disability-related need for such support

Assistance animals that are needed as a reasonable accommodation for persons with disabilities are not considered pets, and thus, are not subject to the PHA's pet policies described in Parts II through IV of this chapter [24 CFR 5.303; 960.705].

### **10-I.B. APPROVAL OF ASSISTANCE ANIMALS**

A person with a disability is not automatically entitled to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person's disability and his or her need for the animal [PH Occ GB, p. 179].

A PHA may not refuse to allow a person with a disability to have an assistance animal merely because the animal does not have formal training. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required. The question is whether or not the animal performs the assistance or provides the benefit needed by the person with the disability [PH Occ GB, p. 178].

A PHA's refusal to permit persons with a disability to use and live with an assistance animal that is needed to assist them, would violate Section 504 of the Rehabilitation Act and the Fair Housing Act unless [PH Occ GB, p. 179]:

- There is reliable objective evidence that the animal poses a direct threat to the health or safety of others that cannot be reduced or eliminated by a reasonable accommodation

- There is reliable objective evidence that the animal would cause substantial physical damage to the property of others

PHAs have the authority to regulate assistance animals under applicable federal, state, and local law [24 CFR 5.303(b)(3); 960.705(b)(3)].

#### PHA Policy

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies contained in Chapter 2.

### **10-I.C. CARE AND HANDLING**

HUD regulations do not affect any authority a PHA may have to regulate assistance animals under federal, state, and local law [24 CFR 5.303; 24 CFR 960.705].

#### PHA Policy

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

## **PART II: PET POLICIES FOR ALL DEVELOPMENTS**

[24 CFR 5, Subpart C; 24 CFR 960, Subpart G]

### **10-II.A. OVERVIEW**

The purpose of a pet policy is to establish clear guidelines for ownership of pets and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets. This part contains pet policies that apply to all developments.

### **10-II.B. MANAGEMENT APPROVAL OF PETS**

#### **Registration of Pets**

PHAs may require registration of the pet with the PHA [24 CFR 960.707(b)(5)].

##### PHA Policy

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation signed by a licensed veterinarian or state/local authority that the pet has received all inoculations required by state or local law, and that the pet has no communicable disease(s) and is pest-free. This registration must be renewed annually and the tenant is responsible to update this information with the annual reexamination date.

Pets will not be approved to reside in a unit until completion of the registration requirements.

#### **Refusal to Register Pets**

##### PHA Policy

The PHA will refuse to register a pet if:

The pet is not *a common household pet* as defined in Section 10-II.C. below

Keeping the pet would violate any pet restrictions listed in this policy

The pet owner fails to provide complete pet registration information, or fails to update the registration annually

The applicant has previously been charged with animal cruelty under state or local law; or has been evicted, had to relinquish a pet or been prohibited from future pet ownership due to pet rule violations or a court order

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

If the PHA refuses to register a pet, a written notification will be sent to the pet owner within 10 business days of the PHA's decision. The notice will state the reason for

refusing to register the pet and will inform the family of their right to appeal the decision in accordance with the PHA's grievance procedures.

## **Pet Agreement**

### PHA Policy

Residents who have been approved to have a pet must enter into a pet agreement with the PHA, or the approval of the pet will be withdrawn.

The pet agreement is the resident's certification that he or she has received a copy of the PHA's pet policy and applicable house rules, that he or she has read the policies and/or rules, understands them, and agrees to comply with them.

The resident further certifies by signing the pet agreement that he or she understands that noncompliance with the PHA's pet policy and applicable house rules may result in the withdrawal of PHA approval of the pet or termination of tenancy.

## **10-II.C. STANDARDS FOR PETS [24 CFR 5.318; 960.707(b)]**

PHAs may establish reasonable requirements related to pet ownership including, but not limited to:

- Limitations on the number of animals in a unit, based on unit size
- Prohibitions on types of animals that the PHA classifies as dangerous, provided that such classifications are consistent with applicable state and local law
- Prohibitions on individual animals, based on certain factors, including the size and weight of the animal
- Requiring pet owners to have their pets spayed or neutered

PHA's may not require pet owners to have any pet's vocal cords removed.

### **Definition of "Common Household Pet"**

There is no regulatory definition of common household pet for public housing programs, although the regulations for pet ownership in both elderly/disabled and general occupancy developments use the term. The regulations for pet ownership in elderly/disabled developments expressly authorize PHAs to define the term [24 CFR 5.306(2)].

### PHA Policy

*Common household pet* means a domesticated animal, such as a dog, cat, bird, or fish that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

The following animals are not considered common household pets:

Reptiles

Rodents

Insects

Arachnids

Wild animals or feral animals  
Pot-bellied pigs  
Animals used for commercial breeding

## **Pet Restrictions**

### PHA Policy

The following animals are not permitted:

Any animal whose adult weight will exceed 25 pounds  
Dogs of the pit bull, rottweiler, chow, or boxer breeds, Dangerous breeds  
Ferrets or other animals whose natural protective mechanisms pose a risk to small children of serious bites or lacerations  
Any animal not permitted under state or local law or code

## **Number of Pets**

### PHA Policy

Residents may own a maximum of 1 pet.

In the case of fish, residents may keep no more than can be maintained in a safe and healthy manner in a tank holding up to 25 gallons. Such a tank or aquarium will be counted as 1 pet.

In the case of birds, residents may keep no more than two.

## **Other Requirements**

### PHA Policy

Dogs and cats must be spayed or neutered at the time of registration or, in the case of underage animals, within 30 days of the pet reaching 6 months of age. Exceptions may be made upon veterinary certification that subjecting this particular pet to the procedure would be temporarily or permanently medically unsafe or unnecessary.

Pets must be licensed in accordance with state or local law. Residents must provide proof of licensing at the time of registration and annually, in conjunction with the resident's annual reexamination.

Maximum adult weight of dogs may be no more than 35 pounds.

## **10-II.D. PET RULES**

Pet owners must maintain pets responsibly, in accordance with PHA policies, and in compliance with applicable state and local public health, animal control, and animal cruelty laws and regulations [24 CFR 5.315; 24 CFR 960.707(a)].

## **Pet Area Restrictions**

### PHA Policy

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets other than dogs or cats must be kept in a cage or carrier when outside of the unit.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

Pet owners are not permitted to exercise pets or permit pets to deposit waste on project premises outside of the areas designated for such purposes.

### **Designated Pet/No-Pet Areas [24 CFR 5.318(g), PH Occ GB, p. 182]**

PHAs may designate buildings, floors of buildings, or sections of buildings as no-pet areas where pets generally may not be permitted. Pet rules may also designate buildings, floors of building, or sections of building for residency by pet-owning tenants.

PHAs may direct initial tenant moves as may be necessary to establish pet and no-pet areas. The PHA may not refuse to admit, or delay admission of, an applicant on the grounds that the applicant's admission would violate a pet or no-pet area. The PHA may adjust the pet and no-pet areas or may direct such additional moves as may be necessary to accommodate such applicants for tenancy or to meet the changing needs of the existing tenants.

PHAs may not designate an entire development as a no-pet area, since regulations permit residents to own pets.

#### PHA Policy

With the exception of common areas as described in the previous policy, the PHA has not designated any buildings, floors of buildings, or sections of buildings as no-pet areas. In addition, the PHA has not designated any buildings, floors of buildings, or sections of buildings for residency of pet-owning tenants.

### **Cleanliness**

#### PHA Policy

The pet owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in a container provided by the PHA.

The pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

Litter box requirements:

Pet owners must promptly dispose of waste from litter boxes and must maintain litter boxes in a sanitary manner.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be kept inside the resident's dwelling unit.

### **Alterations to Unit**

#### PHA Policy



Pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.

Installation of pet doors is prohibited.

## **Noise**

### PHA Policy

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

## **Pet Care**

### PHA Policy

Each pet owner shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Each pet owner shall be responsible for appropriately training and caring for his/her pet to ensure that the pet is not a nuisance or danger to other residents and does not damage PHA property.

No animals may be tethered or chained inside or outside the dwelling unit at any time.

## **Responsible Parties**

### PHA Policy

The pet owner will be required to designate a minimum of one responsible party for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

A resident who cares for another resident's pet must notify the PHA, and agree to abide by all of the pet rules.

## **Pets Temporarily on the Premises**

### PHA Policy

Pets that are not owned by a tenant are not allowed on the premises. This includes guests bringing pets on the premises. Residents are prohibited from feeding or harboring stray animals.

This rule does not apply to visiting pet programs sponsored by a humane society or other non-profit organizations, and approved by the PHA.

## **Pet Rule Violations**

### PHA Policy

All complaints of cruelty and all dog bites will be referred to animal control or an applicable agency for investigation and enforcement.

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the pet rules, written notice will be served.

The notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the pet owner has 10 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation

That the pet owner is entitled to be accompanied by another person of his or her choice at the meeting

That the pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to remove the pet, or to terminate the pet owner's tenancy

## **Notice for Pet Removal**

### PHA Policy

If the pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The notice will contain:

A brief statement of the factual basis for the PHA's determination of the pet rule that has been violated

The requirement that the resident /pet owner must remove the pet within 30 calendar days of the notice

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures

## **Pet Removal**

### PHA Policy

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the responsible party designated by the pet owner.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate state or local agency and request the removal of the pet.

## **Termination of Tenancy**

### PHA Policy

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease

## **Emergencies**

### PHA Policy

The PHA will take all necessary steps to ensure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are immediately removed from the premises by referring the situation to the appropriate state or local entity authorized to remove such animals.

If it is necessary for the PHA to place the pet in a shelter facility, the cost will be the responsibility of the pet owner.

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

## **PART III: PET DEPOSITS AND FEES IN ALL DEVELOPMENTS**

### **10-III.A. OVERVIEW**

This part describes the PHA's policies for pet deposits and fees in ALL developments.

### **10-III.B. PET DEPOSITS**

#### **Payment of Deposit**

The PHA may require tenants who own or keep pets in their units to pay a refundable pet deposit. This deposit is in addition to any other financial obligation generally imposed on tenants of the project [24 CFR 5.318(d)(1)].

The maximum amount of pet deposit that may be charged by a PHA on a per dwelling unit basis, is the higher of the total tenant payment (TTP) or such reasonable fixed amount as the PHA may require. The PHA may permit gradual accumulation of the pet deposit by the pet owner [24 CFR 5.318(d)(3)].

The pet deposit is not part of the rent payable by the resident [24 CFR 5.318(d)(5)].

#### PHA Policy

Pet owners are required to pay a pet deposit of \$300.00 in addition to any other required deposits.

The pet owner must pay at least one-third of the pet deposit at the time the pet is brought on the premises. The remainder of the deposit may be paid in two equal payments, due on the first of each of the two months following the day the pet is brought onto the premises.

#### **Refund of Deposit [24 CFR 5.318(d)(1)]**

The PHA may use the pet deposit only to pay reasonable expenses directly attributable to the presence of the pet, including (but not limited to) the costs of repairs and replacements to, and fumigation of, the tenant's dwelling unit. The PHA must refund the unused portion of the pet deposit to the tenant within a reasonable time after the tenant moves from the project or no longer owns or keeps a pet in the unit.

#### PHA Policy

The PHA will refund the pet deposit to the resident, less the costs of any damages caused by the pet to the dwelling unit, within 30 days of move-out or removal of the pet from the unit.

The resident will be billed for any amount that exceeds the pet deposit.

The PHA will provide the resident with a written list of any charges against the pet deposit within 14 calendar days of the move-out. If the resident disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

## **10-III.C. OTHER CHARGES**

### **Pet-Related Damages During Occupancy**

#### PHA Policy

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:

- The cost of repairs and replacements to the resident's dwelling unit

- Fumigation of the dwelling unit

- Repairs to common areas of the project

The expense of flea elimination shall also be the responsibility of the resident.

If the resident is in occupancy when such costs occur, the resident shall be billed for such costs in accordance with the policies in Section 8-I.G, Maintenance and Damage Charges. Pet deposits will not be applied to the costs of pet-related damages during occupancy.

Charges for pet-related damage are not part of rent payable by the resident.

### **Pet Waste Removal Charge**

The regulations do not address the PHA's ability to impose charges for house pet rule violations. However, charges for violation of PHA pet rules may be treated like charges for other violations of the lease and PHA tenancy rules.

#### PHA Policy

A separate pet waste removal charge of \$10.00 per occurrence will be assessed against pet owners who fail to remove pet waste in accordance with this policy.

Notices of pet waste removal charges will be in accordance with requirements regarding notices of adverse action. Charges are due and payable 14 calendar days after billing. If the family requests a grievance hearing within the required timeframe, the PHA may not take action for nonpayment of the charge until the conclusion of the grievance process.

Charges for pet waste removal are not part of rent payable by the resident.

Housing Authority of  
Grant County  
VAWA Activities

The Housing of Grant County mailed a flyer entitled, "Violence Against Women Act", What Applicants, Tenants Owners and Landlords Need to Know. The flyer was mailed September 19<sup>th</sup> and 20th, 2006, to all tenants and applicants and owners/landlords.

To provide notice to new applicants and owners/landlords, The Housing Authority has attached the VAWA flyer to our application and owner/landlord packets.